

THE BIO-ANALYSIS OF THE EPILEPTIC REACTION*

BY ABRAHAM KARDINER (NEW YORK)

1. *Methodological Orientations. Trauma and Privation.*

It is not premature at this date to say that the application of the libido theory to the traumatic neurosis and to the epilepsies has left a considerable residue of unsolved problems. The application of the libido theory may have produced satisfying "explanations," but more tangibly it has failed to open up new avenues of fruitful research. Such a failure does not prove the libido theory to be wrong. Rather it indicates that some supplementing of the theory itself may be necessary and calls for a more critical survey of the material which the libido theory fails to explain. Such a survey may show wherein we have failed to recognize the true difference between the traumatic neurosis and epilepsy on the one hand, and on the other, those neuroses in which the libido theory has been so eminently successful and productive.

The present essay is devoted to such a survey and comparison. We confine our attention to two syndromes, the traumatic neuroses and the epilepsies. These two symptom complexes have little if any resemblance to each other if they are judged by Kraepelinian standards. From a metapsychological point of view, however, they are very closely related. We have elected to study these two syndromes because they represent a continuous series of reactions which differ in certain quantitative respects. In these two neuroses the libido theory has not been very provocative. Current formulations tend to treat

* The following essay is a summary of a book entitled *The Physioneuroses* now in preparation. It is based upon several papers on the subject of traumatic neuroses read before the New York Psychoanalytic Society in 1925, 1927 and 1932, and at the New York Neurological Society in 1929. The traumatic cases herein cited were all studied, except when specified, at U. S. Veterans Hospital No. 81, 1922-1925.

them as if they were transference neuroses, without taking cognizance of the possibility that we may be dealing with a different etiological factor, and that parts of the ego may be primarily involved which are untouched in the transference neuroses. Unless we remember this possibility we run the risk of applying a general pathology derived from other sources to a neurosis whose chief features may depend upon the operation of highly specific factors.

The question of etiological factors is closely related to that concerning the aspects of the ego involved. When we try to predicate a new etiological principle, we run the risk of establishing differences in terminology without any material alteration in meaning. Thus, if we were to attempt a distinction between trauma and privation (*Versagung*), as etiological factors in the domain of psychosexuality, we should not have added anything of value. Let us, then, introduce the concept of trauma as one to be applied to the more primitive and basic functions of the ego and define it to mean a destruction of the utility value of those appendages of the ego through whose agency perception, orientation and mastery become possible. Far more important than the name of the etiological factor is an accurate specification of which parts of the ego are affected. An orientation which might serve our purpose well when we are studying transference neuroses, may not be as useful when we study neuroses in which integral appendages of the ego are affected. We should not be surprised if we find that the withdrawal of libido in a neurosis following a cranial fracture is different from the one familiar to us from our studies in hysteria or schizophrenia. The libidinal situation in the traumatic neurosis must also be different from that in a pathoneurosis (Ferenczi), where it is the libidinal value of an organ that is injured—in the traumatic neurosis it is the utility value of the organ that is impaired.

It is a matter of great historical interest that Freud's work on hysteria began with observations on traumatic neuroses.

In his early cases¹ he noted that the patients hallucinated over and over again in subsequent attacks the circumstances which provoked the original attack. He began therefore with trauma as an etiological principle and the repetitive phenomenon as the first dynamic principle. From the "traumatic" hysterias he proceeded to other hysterias. For some time he retained the concept of trauma, modified it to "psychic trauma," then sexual trauma, and regarded the resulting neuroses as a systematic defense. We need not recapitulate the considerations that obliged Freud to give up the principle of *trauma* in favor of that of *privatation*. In the case of hysteria the substitution of *privatation* for *trauma* did not really involve a change in principle, but only in terminology.

It must, however, be recalled that in principle Freud retained trauma as an etiological factor in the "*Angstneurose*," which, significantly enough, is not a transference neurosis but an "*Aktualneurose*." Freud states² that the conditions which lead to an anxiety neurosis are those which prevent the psychic elaboration of *somatic sexual tensions*. The manifestations of this neurosis appear when sexual excitations, deflected from the psyche, are discharged subcortically in actions that are not completely adequate. In this neurosis Freud notes the absence of displacement, i.e., of phobia formation, and an altered attitude to the outer world in the form of irritability and tendencies to syncopal reactions. Subsequent efforts to deal with these *Aktualneurosen* did not very clearly distinguish between disturbances primarily in the discharge of somatic functions, and cathectic processes by which they were represented. The somatic disorders were constantly regarded as incidents to or consequences upon factors initiated by repression. From this angle the inadequacy of somatic discharge had therefore to be clothed in the term "*organ libido stasis*," which, to say the least, is awkward to handle, and vague in its connotation. The

¹ Freud, S.: *Über den psychischen Mechanismus hysterischer Phänomene*. Ges. Schr. I, 8.

² Freud, S.: *Ges. Schr. I*, 306-333.

anxiety neurosis was not the most favorable material on which to study the dynamics of the *Aktualneurosen*; it is undoubtedly the most complicated neurosis of this type. Much of the obscurity about the actual neuroses is due to the failure to follow Freud's clear hint that in dealing with the blocking of the discharge of a basic bodily function and its psychic and emotional reverberations, we have a different situation than obtains in the transference neurosis.

Our fundamental problem is: with trauma as an etiological factor, acting as an impediment to the discharge of somatic tensions of the fixed appendages of the ego, (i.e., one which destroys their utility value), what happens to the rest of the ego, what are the ensuing disturbances in libido economy, and what compensatory effects does it provoke? The study of what happens in the psychosexual sphere will stand us in good stead as a basis for comparison, whether the results are similar or not.

In his article on the tic, Ferenczi revived the concept of trauma. This neurosis was originally regarded as a conversion hysteria, to which Abraham then added the qualification "pre-genital." Ferenczi's views brought down considerable adverse criticism, because the principle of reflex defense was inharmonious with the libido theory. How could the tic as a defense be reconciled with the finding that it is a masturbatory substitute and that there is unquestionable evidence of pre-genital fixations? The symptom, one felt, must be in the direct line of pursuit of the repressed cravings. Ferenczi later studied a condition with a manifest organic basis—general paralysis—and there again discovered the reaction to a traumatic factor; he found a profound disturbance in the discharge of somatic tensions based upon an actual impairment of the executive weapons of the ego; and discovered a systematic effort on the part of the ego to heal the breach by means of secondary processes which involved the libido and other parts of the ego.

The nodal problem that Ferenczi's work opens is this: Is it possible to work exclusively with the privation principle as

an etiological factor, and secondly, is it possible to work with evident disturbances of body-ego tensions with the concept of a unitary "organ libido?" The question is not whether these principles are right or wrong but whether they universally suffice.

Let us consider an entity for which the libido theory is ordinarily considered adequate, conversion hysteria. "One solves the symptoms by investigating their psychic significance." Freud recognized that our knowledge of conversion hysteria was defective in some respects. For the practical purposes of therapy it sufficed to demonstrate that a given somatic symptom stood in the interests of the pleasure principle with reference to a specific libido object. The significance and economic gain of the symptom was by far the more urgent problem but the mechanism of "conversion" itself was dismissed with the formulation of "somatic compliance." Let us remember, however, that no syndrome merits the name of conversion hysteria unless it conforms to our knowledge of conversion hysteria from a dynamic and an economic point of view.

In the case of hypochondria the thesis of "organ libido" is most fully exploited. The organ that is the seat of hypochondriacal preoccupation is considered invested with movable cathexes withdrawn from objects in the outer world. This narcissistic cathexis produces a stasis which may terminate in an actual physiological disturbance in the functions of the organ. Interesting is the fact that the hypochondriacal organ may become the source of hostile tendencies directed against the ego, which represent hostile tendencies originally directed against love objects. This satisfies both the punitive and the masochistic libidinal needs of the subject. The organ here represents both the super-ego and the introjected object. In hypochondria we are therefore dealing with a displacement phenomenon. A group of mobile free cathexes have been withdrawn from the outer world on to organs or organ representatives and there is consequently a secondary alteration in

the function of the organ. The disturbance is primarily in the sphere of psychosexuality, and the adaptation instituted is in the nature of a narcissistic regression.

There are a group of hysteroid phenomena, such as blindness, deafness, aphonia, paralyses and epileptoid manifestations of many kinds, which arise under traumatic conditions, and in which the essential metapsychological standards of conversion hysteria or hypochondria fail to apply. That is, they do not stand in relation to love objects, and the gain is not in the interests of genitality or pregenitality by any of the standards we know of. Here we meet the same challenge that Ferenczi encountered in connection with tic. Ferenczi accepted the challenge and said that the tic is primarily a defensive reflex that has outlived its original function; that the erotization that we almost invariably find—for the tic is a masturbatory equivalent—is the result of a secondary process; and that as a neurosis it has no primary relation to libido objects. The disturbance is primarily in certain fixed organs or in the psychic functions with which they are inevitably accompanied; and such libido realignments as follow upon it are *secondary processes*.

The theoretical situation with regard to tic is not isolated in psychoanalysis. Up to now the entire psychoanalytic literature on traumatic neurosis and epilepsy has been an effort to derive the metapsychology of these syndromes from the libido theory, notwithstanding the fact that the constructions advanced fail to account for the bulk of the symptomatology. The traumatic neurosis has been regarded as a reaction to a castration threat, or the revival of an infantile trauma which was originally a castration threat. In the case of epilepsy the offense against the axioms of scientific method is still more striking—one is asked to believe that the dynamics of an epilepsy is that of a compulsion neurosis or schizophrenia with the added assumption that “these people have a tendency to convulsive reactions.” This is a violation of the fundamental

orientation in psychopathology, which is, that a difference in symptoms is based upon a difference in pathology.

Before we begin the study of the traumatic neuroses and the epilepsies, let us briefly survey the reactions of the ego to injuries or lesions in localized portions of the body. These types of reaction cannot be regarded as neurotic. Psycho-analysis may legitimately study these reactions, in the hope that they may demonstrate some general principle that will be of use to us in the study of the traumatic neuroses.

If we observe a man who has just suffered a fracture of the humerus we notice certain remarkable changes in his behavior, most of which seem too self-evident to merit any special investigation. The limb is useless; the musculature at and around the injured part is in spasm; there is terrific pain; and the patient's posture and attitude are designed to protect and immobilize the injured part. In addition the rest of the man's behavior is modified in order to accommodate him to the new relation of a certain part of his body-ego to the rest of the world. Tensions of a very specific character apprise him of the change; these he recognizes as *pain*. The spasm of the muscles is reflex to be sure; but this reflex has a protective function. Therapy consists of a continuation of the principles thus reflexly started, immobilization and complete cessation of function. Plastic processes are instituted which have no relation to the conscious ego, and are therefore not knowable in any psychological terms; they are now biological. In between these biological plastic processes and the normal functioning of the limb, a certain number of changes have taken place which are filtered through consciousness in some form. This province should engage our attention.

The behavior of the man with the fractured limb is influenced by the character of the injured part. Its functions are under control of the will and it is equipped with certain definite indicators of its relation to the body-ego as a whole. The most important of these are pain and those sensations coming from the limb which give it its appropriate place in

the body scheme ("Körperschema"). The sensations are at one and the same time a warning, a localizing agent, and an assurance. The principle which gives rise to the reflex protective devices can be observed in parts whose organization is very different from that of a limb. The protective reflexes are indispensable clinical *indicators*. If one examines a man with an inflamed appendix one will note a spasm in the muscles of the right lower quadrant. The spasm has no direct protective function, since the muscles themselves are not affected, and the spasm is the result of an indirect or relayed stimulation. But the spasm indicates an injury. If one examines a case of incipient pulmonary tuberculosis one will note that excursions on the affected side are diminished, though there is no reduction in alveolar space. In other words, we learn from the practice of clinical medicine that traumatic influences which affect portions of the body ego having direct representation in the sensorium, give rise to purely *inhibitory* reactions. These inhibitory reactions form valuable diagnostic criteria.

The character of the inhibitory reaction, naturally, varies with the organ affected, its relation to the sensorium, and its accessibility to voluntary control. But in addition it varies in accordance with the seat of the trauma; the latter may strike at the purely somatic portions; or it may strike at the psychic portions that accompany the normal functioning of the organ. A hysterical paraplegia resulting from a slight injury in which the somatic portions of the extremities have hardly been injured, is an inhibitory reaction to be sure; but apart from any economic purpose the symptoms may serve, trauma strikes at those purely psychic processes which give the organ its place in the body scheme and make it subservient to the needs of the ego. The inhibitions may involve the peripheral organ itself, or the organ representatives in the unconscious.

Now let us consider a group of phenomena where defense against traumatic influences cannot utilize muscular or plastic

changes. Consider the following case: A woman is sewing at a machine. Suddenly the needle breaks and the broken fragment *seems* to fly in the direction of her right eye. The eye immediately becomes painful and the eyelids close in spasm. So far the defense is the same as in the case of the fracture or the appendicitis. Yet there is a new factor. If the eye is examined the cornea and sclera are found intact, there is no sign of injury of any kind, *but* the eye is totally blind. A few days later vision returns. The diagnosis is naturally "hysterical blindness." From our knowledge of psychoanalysis and its theories of the nature of conversion hysteria, we might assume that the blindness represented a punishment for scopophilia or a strong castrative tendency directed upon herself. This may or may not be true; but the explanation tells us nothing about the means by which the ego can produce such a symptom, that is, the inhibition of a sensory function—it explains only the economic gain in the interest of a psychosexual conflict. It would be very embarrassing to find that this conflict did not exist. Such a symptom can arise in the same manner as a protective muscular spasm; the only difference is that forces are brought into play that have no relation to the conscious ego.

Anyone experienced with traumatic neuroses can multiply illustrations of this kind by the score. A man on the battlefield sees a shell land in front of him; he falls into a faint and when he awakens in the hospital has a complete hemiplegia. The shell did not explode—it was a dud. From the epilepsies the same principle is illustrated by the following: An epileptic girl of thirty was asked when she had had her first seizure. She answered that one day a policeman knocked at the door and informed her mother that the patient's sister had been struck by an automobile; whereupon she had her first seizure.

Let us return to the "hysterical blindness" and see if we can formulate some notion as to where we may look for an explanation of the dynamics of such a blindness irrespective of any economic purpose it may serve. Physiology explains the func-

tion of an organ like the eye only in terms of its anatomy and of certain empirical though subjective end results, sensations and perceptions. Physiology assumes that an anatomically sound eye (with an intact visual path) can see. Between anatomy and function there is a direct connection to be sure. As Dr. Lewin mentioned to me, in the normal process of perception the somatic is "converted" into psychic terms, just as in hysterias the psychic is converted into organic. But intact anatomical structure is the basis and precondition of the function *under certain conditions only* and not under all. The case of hysterical blindness is one in point; here perception fails—perhaps sensation too—even though the anatomical basis is intact. How can this be? In order to answer this question we shall have to study the problem from two points of view, a phylogenetic and an ontogenetic one.

Here we may be assisted by the hypothesis of instinct (*Trieb*). The eye evolves as a response to a centrifugal drive, directed from within the organism toward the environment, in order to establish certain contacts of specific quality. The *organ* is the somatic precipitate of this phylogenetic drive, but the drive that gave it origin still continues to operate, *even when the organ exists*. There is evidence that when this drive is inhibited the organ cannot function. We assume, therefore, that the same "push," which gave rise to the organ originally, continues to function after it is completed, and that this drive ceases to function when conditions in the outer world render it useless or ungratifying. We cannot ignore the fact that in the case of hysterical blindness the function may be disabled by the punitive forces of the super-ego; but we must also admit that it can under some conditions be contracted in a purely protective reflex manner.

The hypothesis of the operation of an instinct through the agency of specific organs must conform with the hypotheses we make concerning instinct in the case of the transference neuroses. We know that instinctual energy can be inhibited, but it cannot cease to exist. If trauma as an etiological factor

can operate in such a way as to inhibit the functioning of the executive organs of the ego, then in states following trauma we should expect to see something analogous to repression, and something analogous to the substitutive or compensatory manifestations of the transference neuroses. In other words, we should expect to find other evidence of this energy when the customary manifestation disappears.

When we come to define trauma we have a more difficult time. Most generally it can be defined as any interference with the free use of a completed function of the ego as an executive weapon; its utility value is destroyed; what obstructs the free use may be psychic or somatic, and come from traumatic *influences without or within the organism itself*. From these simple contractions of function we can proceed to more complicated reactions to trauma. We must study not only how the organ itself is affected but in addition what disturbances arise in the remaining portions of the ego. What becomes of the energy when its customary outlets have been blocked?

Let us observe a patient with a fractured skull and study his entire adaptation during illness and convalescence. The trauma has not only caused localized damage to the tissues; it has rendered certain functions of the ego incapable of expression. The patient must lie in bed, his activities are interrupted, and he is cut off for the time being from libidinal gratification. This retreat from the world is not due to any withdrawal of libido, but to a temporary functional incapacity of the somatic portions of the ego. There is an obvious diminution of interest in the outside world; he is excessively irritable and irascible. He sleeps fitfully; he is at first awakened from his sleep by terrors, the content of which is that he is being annihilated. Then there is a series of dreams in which he is no longer in danger, but in which he witnesses race riots with Jews fighting Chinese, etc. Following this comes a series of dreams in which he is witnessing combative sports, football games; then a series in which he is at work, but sub-

ject to repeated frustrations. In one dream, finally, occurring about two weeks after the traumatic event, he is at work and is interrupted by frustration, a fire in a school; but the dream terminates with the remark, "Oh H—, I don't go to school any more!"—he wakes up, and goes back to a dreamless sleep. This is the last dream of the series.

This series of dreams was coincident with gradual and progressive improvement, as judged by clinical standards. What do these dreams report? Obviously their content contains the same motif. There is violence, directed first against himself, then forces outside himself combating each other, then frustrated work, all of which is very reminiscent of the dreams of senile or febrile individuals or of the very fatigued. An effort to analyze these dreams in the usual way led to nothing directly; but the patient's behavior was in itself significant; he remarked that talking about them fatigued him. After the dreams of athletics, his associations were about his recovery and his eagerness to return to work. The last dream was one to which he associated that he felt entirely well. This of course was not true; he felt well under the conditions of lying in bed, being fed, of being cared for like an infant. When he actually had to make some sustained effort, he shrank, became irritable, and wanted to sleep. These dreams report to us in the usual projected manner a certain change in ego feeling, and a certain deflection of instinctual energy from customary outlets that are either inhibited or blocked. I shall presently describe an epileptic in whom these forces are projected into the outer world as two incompatible energies, good and evil, arranged in the form of polarities that are constantly struggling against each other, and in which it is the rôle of the patient to reconcile them into a harmonious whole.

Secondly, consider the case of a man suffering from a generalized arteriosclerosis at the age of forty, with coronary manifestations. He had never been accustomed to dream. For a month before his death he was awakened nightly by terrific

nightmares in which it appeared that either he or someone close to him was being butchered or otherwise annihilated.

Thirdly, a young man was sent for the analysis of a presumably hysterical condition by a neurologist. The symptoms were epileptiform in character and appeared at a time when they seemed to have no relation to any definite conflict. He would awake from a sound sleep with terror and uncontrollable twitchings all over his body, but without loss of consciousness. These symptoms were repeated at intervals of seven to fourteen days. He had a character neurosis, but the epileptiform symptoms seemed to have no relation to the sexual situation. His dream life was from time to time made up of catastrophic dreams. I diagnosed that he had an organic disease of the central nervous system, which was subsequently corroborated when physical signs of temporo-sphenoidal tumor appeared.

Fourthly, I have the kind permission of one of my colleagues to cite the following features from a case he analyzed in detail: A thorough analysis of a patient with initial symptoms of petit mal, and subsequently grand mal, showed that the content of the epileptic seizure was the wish to have a child by his father. Among the cardinal symptoms he subsequently developed was a phobia about a danger threatening him from the left. The neurological findings were negative until one and a half years after analysis began. Encephalogram then showed a vague shadow in the left central region. Operation proved that this was due to a dermoid cyst the size of an apple, which however gave no focal symptoms or signs until very late. The endopsychic perception of danger from the left was projected into a phobia.

An old woman of ninety-two, after many years of placid existence began to have dreams of burglars entering her room and threatening her with knives. She awoke from the dreams with terror. A week later she had a cardiac collapse from

which she recovered. The dreams indicate a violent effort to libidinize a threat coming from within her body.

From each of these illustrations we learn an important detail. The last case cited permits us to infer that one of the rôles of the libido is to neutralize destructive forces unleashed by organic disease. This mechanism is the most universal principle in the origin of the functions of those portions of the body ego which interpret the world. In the case of this old lady, the stimulus to the dream came from somatic sources against which there was no possible organized defense until the lesion was reported to consciousness by way of symptoms. The dreams cited in all four cases are indications of certain changes in ego feeling; they indicate also that certain instinctual tendencies were connotable only in terms of aggression, fighting, being killed, etc., and were now being directed against the ego. The source, normal channels of outlet, inhibition, and the relation of these instinctive tendencies to the soma, it is our task to establish.

In the dreams of the old lady we see the wish fulfilling tendencies of the dream most clearly. The threat to her existence is denied; the dreams say in effect: "No! This danger is no different from the danger that confronted me when I was a young girl and which I have since so successfully overcome." From the man with the fractured skull we learn the same thing. His dreams reflect the rupture and re-establishment of his normal ego feeling. In this instance the inhibitions are the direct result of injury to somatic portions of the central nervous system; but we shall presently see that such inhibitions can be initiated by purely psychic factors.

In the two cases of brain tumor we learn that in certain extreme instances the source of the danger can even be localized by means of the content of the resulting projection phenomena. The danger coming from the left side was corroborated at the operating table as a tumor in the left paracentral region. Moreover the epileptic phenomena were the results of a disturbance in internal tensions, and the content, the wish

to have a child by father, could not be interpreted as in a transference neurosis, but played an entirely different economic rôle in the total pathological process.

This material therefore obliges us to adopt a new attitude to the interpretation of the content of a given neurosis. The content may represent not the direct expression of certain repressed sexual id tendencies but secondarily libidinized energies which originate in the id, and are now inhibited, but whose expression is other than sexual. This does not change the content of the material produced in the neurosis—it changes our interpretation of its economic significance. A trauma to the body ego compels a definite realignment of the normal narcissistic balance.

This material moreover obliges us to revise our attitude toward two other important basic working concepts; (1) the etiological principle of privation, and (2) the protective processes initiated by privation—repression, regression and symptom formation, and the return of the repressed. Privation (*Versagung*) as an etiological principle cannot be appreciated except in the light of the libido theory. The psychosexual development of man terminates in the most economical form when it is heterosexual with regard to object, and genital with regard to aim. The study of psychosexuality reveals steps in this development, pregenitality and narcissism, each of which is useful and dominant at definite periods of life. In the course of development they cede only their dominance and quantity, but are retained to play a significant though secondary rôle in the sexual organization of the individual. Privation initiated by internal or external factors has therefore a prescribed route along which substitutive gratification of an earlier quality can be regained. Introversion, retention of the psychic representative of the object, is of course, an intermediary step between object love and regression to pregenitality and narcissism.

The most remarkable characteristic of the libido, in so far as the psychosexual organization is its executive and seat of

reference, is its displaceability. The relationship between a given somatic source and the ideas by which it is represented is a very loose one. Many psychic processes intervene. The fact that there can be a "regression" must in some way be related to this loose connection between the somatic executives of an erotic craving (*erotogenic zone*) and the ideas or feelings by which it is denoted. In other words, the free mobility and interchangeability of the cathectic processes which originate in different zones must be due to the fact that they are all carriers of a *common quality*. In the unconscious they are equated—a fact that is very easy to verify clinically—because the qualities they bear are not specific.

Privation as an etiological factor has therefore a series of known and predictable consequences. Privation concerns itself with the fate of the cathectic processes which belong to specific libido objects. In the transference neuroses therefore—even in the case of conversion hysteria—it was not necessary to look beyond. Psychoanalysis has no methodological approach to, and no concern with, the specific somatic tensions which manifest themselves as "sexual" and are conatable in terms of aim and object. The reason why psychoanalysis has not been successful in dealing with these somatic tensions is that they are conceivable only as biological and not as psychological units. The most noteworthy of these failures is the effort to deal with bisexuality as a basic etiological factor. When we come to translate bisexuality into psychological terms we find that we are dealing with the usual phenomena of repression, regression, etc.

We can briefly summarize the points that we must bear in mind:

1. In order to study certain problems in the traumatic neuroses and the epilepsies not solved by the libido theory, we propose to approach them from a new etiological aspect, that of trauma. This is particularly applicable to the basic functions of the ego vested in the organs whose purpose is perception, motion and mastery. These organs and the functions they execute have a

libidinal and a utility value, both narcissistic. When we speak of trauma we mean that a basic ego function is impeded in its expression chiefly as regards its utility value, and where any compensations that might enhance its libidinal value are either not available (i.e., the subject does not know about it, as in brain tumor) or fail to neutralize the accumulating tensions. Those who are injured do not as a rule get traumatic neuroses; and in such cases the narcissistic value of the injured part is greatly enhanced.

2. The function of these organs is propelled by an instinctive drive; and when such function is inhibited or destroyed, we may expect disorders in the instinct life of the individual. The fate of this instinct energy is evidently different from that pursued by psychosexual regressions.

3. From the study of frankly organic lesions in locations that have a well defined representation in the body scheme, we note that inhibition of function is a spontaneous reflex response. Where the interference is in locations with less definite sensory representation (e.g., the brain), we must expect different evidence of decompensation.

4. The dream life of patients with frankly organic lesions in locations not adequately represented in the sensorium, shows the profound disorder in their instinct life. In studying the traumatic neuroses we hope to see what disturbances arise from purely psychic inhibitions, and what factors in the development of man make such a neurosis possible.

2. Traumatic Neurosis and Epileptic Reaction.

To name a neurosis from the occasion by which it is precipitated may create great confusion. With the aid of the splendid metapsychological standards that psychoanalysis has given us, it is difficult to see why neuroses which show a revival of infantile sexual conflicts should be called "traumatic neuroses" because their immediate precipitating factor was a "trauma." If these cases were more properly grouped with the transference neuroses it would clear the way for those neuroses that have a better claim upon the name "traumatic."

The following is a neurosis precipitated by a traumatic event. The patient was 34, a truck driver by occupation with no neurotic symptoms prior to the accident. He was married and had two children. One morning his truck collided with another. He was unconscious and was taken to a hospital where he remained six weeks. He had several body bruises and an injury to the left eye, which healed leaving a scar on the cornea. Vision was only about half normal.

His neurosis now consists of a fear of leaving his house, which he can do only in the company of his wife or older child. At home he is quite comfortable. He has no tremors, no vertigo, no irritability, and sleeps soundly. He has no spasmotic or autonomic disturbances. He has a photophobia and his vision is impaired far beyond what the actual extent of injury warrants.

From time to time the patient had recurrent nightmares with the following content: He is on a boat and is being attacked by Chinese who have weapons in their hands. He runs in terror to the other side of the boat for protection, where he sees his father and mother. His associations showed that Chinese were typical objects of infantile fear. His father died when the patient was four and his mother had never remarried. He stayed with his mother until she died, then married. Since his trauma he has been impotent.

This is a case in point. Not only are the typical symptoms of traumatic neurosis with its autonomic syncopal phenomena absent, but the patient has a typical street phobia. This anxiety is of the prophylactic kind. In the dream the angry and castrating father is separated from the kind and protecting one. The trauma and its consequences are interpreted by the patient as punishment for guilt associated with his oedipus complex. He renounces his masculinity for a group of passive *substitutive gratifications*.

Cases like the one just cited are to all intents transference neuroses. If we delete these cases from consideration it leaves only those which Freud considered in *Beyond the Pleasure Principle* and upon which he bases his considerations of the "Reizschutz" theory, those cases in which the purpose of the

neurosis is to master certain quantities of excitation, which are retrospectively associated by the patient with the traumatic event in his dreams and hallucinatory repetitions. The study of this group of neuroses, however, is beset with many difficulties. The fact that so little has appeared in the literature concerning this type is in itself an indication that the classical technique for the analysis of transference neuroses is more or less inapplicable. This is neither the fault of the analyst nor the patient. Four years experience with these cases has convinced me that the effort to trace the symptoms to psychosexual regressions, and to reconstruct them as substitutive gratifications requires a good deal of forcing. The patients have neither the complaints of ordinary hysterias, nor do they behave like them in any way. There is only one situation in the analysis of a transference neurosis that resembles these traumatic cases; in the deep analysis of transference neuroses the patient may relive traumatic experiences which occurred in the pre-speech age, before the child had concepts to clothe them in. The reliving of the primal scene or severe illnesses of which all memories are beyond recall, associated with terrific anxiety, reproduces in part the picture seen in traumatic neuroses. In short the traumatic neuroses do not correspond to any of the metapsychological standards of a transference neurosis.¹

¹ In a systematic presentation of the reaction types precipitated by trauma we would have to include the following: pure transference neuroses, schizophrenia, pathoneuroses (Ferenczi), tics, and defensive ceremonials. The defensive ceremonials and tics are the point of departure for our theoretical considerations. They have affiliations both with the transference neuroses and those in which the *Reizschutz* is broken through. The chief characteristic of this group is that the defensive ceremonial is a highly complicated one, is purposeful, and has a protective function. It is also repetitive; it is a motion that would either have saved the patient from the trauma if he had carried it out at the proper time, or one that he actually did perform but which failed of its protective function. These ceremonials often begin long after the traumatic event; in several cases they began four or five years after the trauma itself, and were spontaneously evolved as a relief from insomnia. These ceremonials actually have the value of relieving the patient of anxiety and permitting him to sleep. Thus, one patient was able to sleep only in the prone

The study of the traumatic neuroses properly begins with those cases which show: (1) autonomic disturbances of every variety including Graves' disease; (2) sensori-motor disturbances; and (3) syncopal phenomena.

The cases in which autonomic disorders predominate have constant irritability, sweating, tremors, tachycardia, and smooth muscle crises in every possible location. Their dream life is stereotyped and of the typical catastrophic variety. Their sex life is impaired, impotence or diminished sexual interest a constant feature. They are subject to frequent episodes of confusion and intense vertigo. There is a diminished capacity for sustained effort and easy fatigability; efficiency is markedly impaired through general inhibitions to activity of any kind. The autonomic disturbances often appear after a long period of syncopal phenomena. I have observed several cases of Graves' disease which arose after syncopal attacks ceased, but I have never observed both together.

The sensori-motor disturbances include all varieties of sensory disturbances of the skin, spastic paralyses of single limbs, paraplegias and hemiplegias. The special senses are commonly involved. Tremors, disturbances of gait and speech disorders are extremely common. In those cases where the paralysis is complete, the irritability, aggressiveness, and typical dream life are usually absent.

Many of the sensory disturbances are hallucinatory fixations on the traumatic event, as the following case shows:

CASE 1. When originally seen, the patient complained of a strange symptom in both lower extremities, extending up to the umbilicus. He was subject to

position with his hands placed in triangle formation over his face. He was reenacting putting on his gas mask, which was dislocated at the time of the trauma as a result of which he was gassed. In other cases the connection between the ceremonial and its originally protective function is lost; the motions become less accurate and are more like tics than ceremonials. The analysis of one such defensive ceremonial showed however that underneath the ceremonial there was a transference neurosis. When the ceremonial was analyzed the patient's anxiety was soon displaced and elaborated in the form of a fear of poverty and a fear of insanity. The study of these tics and ceremonials bears out Ferenczi's views concerning their origin; nosologically they are more closely related to the transference neurosis.

feelings of numbness, pain and cold, but more especially to sweating from the waistline down to the toes. This sweating, he said, was continuous, especially at night. When he was asked how old this symptom was, he said at least seven years. Among his other complaints were marked irritability and instability of temper; he became aggressive and pugnacious very suddenly and without sufficient cause. He also suffered from spells of transient blindness, which lasted anywhere from five to fifteen minutes. Attacks of vertigo were among his symptoms. His sleep was disturbed continually by the usual dreams of drowning, being run over, or receiving electric shocks. In some dreams he was the aggressor.

When inquiries concerning his traumatic history were made, he denied ever having suffered a serious shock. Then he casually stated that he was on board the U. S. S. "President Lincoln" when she was torpedoed. He was asked to narrate the details of this accident, which were in substance: He was in the kitchen, gambling with several of the mess attendants when he heard a shot. This he interpreted as due to target practice and continued his game. Several minutes later there was another shot, and then another, the last one a distinct explosion. At this, all of the men ran upstairs. The command was given to take to the lifeboats, and he realized that the ship had been torpedoed. It so happened that some of the lifeboats were disabled and there were not enough to go around. At all events, the patient and about eight other negroes were obliged to take to a raft. He described the sinking of the ship, his lack of trepidation at the sight, and the absence of panicky sensations. He said this was due to the fact that the retreat to the lifeboats and rafts was very orderly, and the ship did not sink until some hours later. At this point in his recital, the patient became rather excited and began to swear profusely. His anger was roused, chiefly, by the incidents connected with the rescue. They were in the water for a period of about twelve hours when a torpedo-boat destroyer picked them up. Of course priority was given to the officers in the lifeboats. The eight or nine men clinging to the raft were allowed to remain in the water. They had to wait for six or seven hours longer until help came. In describing his feelings while in the water, the patient emphatically denied having had any panic or fear. However, while narrating these incidents, it was quite clear to me that he was very disturbed. The disturbance he acknowledged. He said that his telling of the story made him fearful. I made him revive many details of the story that had a harrowing effect on him.

The similarities between the symptoms he complained of, in the form of sensations and sweating from the waistline down, and his story of being submerged in cold water up to this level was pointed out to him. He admitted that when he allowed himself to close his eyes and think of his present sensations, he still imagined himself clinging to the raft, half submerged in the sea. He stated that while clinging to the raft, his sensations had been extremely painful ones and that he had thought of nothing else during the time. He also recalled the fact that several of his companions had lost consciousness and were drowned. It was quite obvious that, to a large extent, the patient owes his life to the concentration of his attention on the painful sensations occasioned by the cold water.

The symptom represented, therefore, a hallucinatory reproduction of the

original sensation of being submerged in the water. Concerning his remaining symptoms, it is of interest to note that he developed many of the secondary symptoms of traumatic cases which are epileptoid in character. The spells of transient blindness used to come on specific occasions; for example, when he saw something in the nature of violence. Thus, the patient was out walking one day and witnessed an automobile colliding with a train. He became maddened with excitement, was blinded for ten minutes, and was taken home in a state of extreme agitation. He alleges that it took him four months to recover from the effects of this incident, although the danger did not directly concern him. During these four months he was obsessed by a vision of the accident. He had, in fact, a profound reaction to violence of any kind. He could not witness others being injured, hurt or threatened. Prior to his service he had never had fears or phobias. He had been an employee of a railroad company and had seen a very serious wreck without serious consequence to his state of mind. In fact, he himself had assisted in extricating people from the wreck. He was also extremely sensitive to loud noises. This was remarkable, because he had heard very little shellfire during his naval career—yet he shared this secondary reaction with patients who had come from the zone of active fighting. He would yell and scream on a sudden call or other abrupt noise. He was troubled by the violence of his reactions to these stimuli. He claimed that he felt like suddenly striking people, and that he had become very pugnacious to his family. He remarked: "I wish I were dead. I make everybody around me suffer."

He had the usual disturbing dreams, but his memory for them was poor. However, he might start from his sleep several times during the night.

Of great interest is the fact that in the lower extremities he had no objective sensory disturbance whatsoever. His reactions to water were quite typical. He did not like sea-bathing, and whenever he had attempted to go into the water since his return from service, he became nauseated and vomited. He avoided sea-bathing. He treated his lower extremities most tenderly. He protected them with all kind of ointments and wore warm stockings in all seasons.

The group of cases characterized by syncopal phenomena shows every possible variation from vertiginous attacks, confusions, and fugues, to loss of consciousness with and without convulsive phenomena. I have seen nothing that resembles petit mal in these traumatic cases. The attacks are often provoked by external stimuli which resemble the occasion of the original loss of consciousness. For example, a patient who had been gassed would be thrown into an attack when he perceived any volatile oils, as in perfumes or gasoline, and no other stimuli produced an attack. Another patient had his seizures only when his feet became wet. These cases behave as if their

attacks were finely conditioned reflexes. In other instances the "aura" of the attack is the repetition of the last sensory impression before they originally lost consciousness—the sound of a barrage, the flashing of an exploding shell, etc.

A very interesting point of orientation in these epileptiform cases is the presence of anxiety. Generally it can be stated that these patients do not have any great facility in projecting their anxiety; the greater the anxiety, the fewer the epileptiform episodes. The symptom that stands in closest relation to anxiety in these cases is *irritability*. Phobia formation is completely unknown. Occasionally we encounter, not a projected phobia, but a fear of the epileptiform attack itself, as we often do in essential epilepsies.

Of this type of case the following is representative:

CASE 2. The patient is thirty-one years old. His education went no further than common school. There was no history of neurotic traits in childhood, no fears or phobias. Several members of his family stated that to their knowledge he had been a normal person prior to service. He had never been very enterprising or active, and from his own account markedly apathetic in his dealings with women. He had never been in love, but he had been accustomed to a heterosexual life since his early twenties. There had not been a severe masturbation conflict. He had never been fearful in situations of real danger, and in the service he had been an unusually brave soldier. He had had a long career of exposure to severe shelling, without any undermining of his confidence or bravery.

It is opportune in this case to describe a feature very commonly found in those complaining of syncopal attacks. The patient's gait was fairly steady, but there was a rigidity in his carriage. This stiffness was most pronounced in the movements of his head, which were executed with rigidity and slowness, at least half as rapidly as in the normal. This rigidity of posture was most conspicuous when he was executing movements attendant upon stimuli. The eyes would move in the direction of the stimulus, but the head would not follow the eyes. Moreover there was a marked absence of the facial mimicry associated with emotional expression. The petrified blankness was most pronounced. Vocal inflections conveying the usual feeling tones were likewise diminished in excursion and intensity, which gave his speech an exceedingly monotonous character—a general characteristic of all these cases. Though I was in contact with this patient for over three years, I have never heard him laugh aloud, and his smile was generally stiff and forced.

He complained of "spells" of unconsciousness, which came at intervals, varying in duration from two days to several months. These spells were preceded by intense vertigo, initiated at times by an aura of sparks in front of the eyes,

but more frequently by nothing at all. He fell down precipitately, occasionally hurting himself. He made twitching movements with his extremities and frothed at the mouth but did not bite his tongue or relax his sphincters. After the spells he felt drowsy and sometimes went to sleep. He also complained of severe headaches, persistent dizziness, extreme irritability, attacks of violent temper tantrums, assaultiveness, and marked sensitivity to noise.

When the patient was first seen, he had the usual stony masklike facial expression. Feelings or emotions did not seem to disturb the immobility of the facial muscles. He came into the room limply, sat down on a chair, and made no spontaneous statements. He answered in monosyllables: "Yes", "No", etc. His behavior was very rigid. He would look out of the corner of his eyes rather than turn his face. He hardly looked around the room to notice any of the objects in it. In conversing with him there was no feeling of contact or interest; he was completely detached. However, any noise that occurred or any monotonous stimulus, like the tapping of the pencil on the table, made him extremely irritable.

After he had been under treatment for some time, the expression of his face relaxed and became more mobile. He appeared more interested, smiled occasionally and seemed to be less fearful of his environment.

His stream of thought was always relevant and coherent. His associations were extremely shallow, but whenever any stimulus arose, he would make one association and then stop. The following is quite typical: The patient reported a dream, which will subsequently be described in detail. The chief subject of the dream was "sand." He was asked to associate with the idea, and the only reply obtained was: "I don't know." After much prompting and urging he could only say, "Sand is what we find on the seashore." Whenever he was asked to describe some of the details of the day's events, he would do so in the most cursory manner, something to the effect of: "I got up in the morning, I walked around, and at night I went to sleep." After some urging he might inject another detail stating that he went to the movies. He seemed utterly impervious to any of the things in his environment. They seemed to make no impression. He had no worries or concerns, except that he wanted to get well.

He denied having had, at any time of his life previous to his illness, spells of any description. This statement was corroborated by his sister who was considerably older than himself. Neither could she describe any traits indicating an epileptic make-up. The patient himself, however, stated that after he had been in service for some time, he had had several minor spells of unconsciousness, one after a severe gastric disturbance and another when he was accidentally struck on the face; but he remembers that these were not complete lapses of consciousness and that they were nothing like the spells from which he subsequently suffered. The first real major spell occurred in France. The patient was in an engagement and was surprised by a shell which exploded near enough to him to tear his clothes and frighten him badly. He was able to go on fighting just the same. Several days later another shell came over, and this time he was actually lifted into the air and was unconscious for an indefinite period. All he remembers is waking up in a hospital which was a

three-day journey distant from the place where the shell exploded, so that altogether there was an interval of six days or more during which he was completely oblivious to his environment. He said that he was "paralyzed" for a month from the head down, that he could not move any of his limbs, and that he stammered. This stammer was of an intermittent character. After a month he was able to move a bit, and after two months he was able to get around on crutches. He then began to show all the symptoms of which he now complains. He was very fearful, especially to noise. The slightest movement of any object in the room would be enough to throw him into a fit. Any sudden stimulus, such as someone touching him on the back or suddenly passing by him, would throw him into a state of complete unconsciousness. When he was prepared for the stimulus he did not mind it nearly so much. He remembers also having been tube-fed in the hospital, because he could not swallow. He occasionally would have fits as a result of gastric disturbances, and very frequently he would vomit and suffer severe gastric upsets after the spells.

These spells continued up to the time of examination, a period stretching over seven years. There was frequently no aura, but sometimes dizziness. Sometimes his aura would be a rotating wheel; sometimes color hallucinations, which occurred without loss of consciousness. "But when I saw black, I would always go off." He often imagined the sidewalk was coming up to meet him. He protected himself from danger by trying to grab a nearby object; then he would fall down. His sister volunteered the information that frequently in these spells the patient would say things about the war, such as: "Go and get 'em!", etc.

Concerning the dizziness, the patient states that it is a common thing and often merges into a spell of unconsciousness. He described the dizziness as a sensation of being revolved in a chair. During these dizzy spells he sees blotches of color—purple, red, green, and sometimes black.

His irritability was constant and usually directed toward loud noises or unexpected stimuli of some kind. Closely related to this irritability was the aggressiveness which the patient described as an entirely new trait and one that was foreign to him before the onset of his illness. His aggression was very frequent in his sleep. He knew this from the fact that his brother with whom he used to sleep would frequently wake him up with the query: "Whom are you fighting?" or "What are you fighting about?" and on many occasions he struck his brother in his sleep. This aggressiveness would frequently occur after his spells. He would be seized with a desire to fight and to break up objects in the room. His sister stated that he had smashed many articles of furniture and innumerable dishes. The patient stated that these aggressive impulses were not preceded by anger.

The dream life of this patient is typical of the traumatic neurotic, but it also shows some interesting new features. As usual, the dreams dealt with fighting or with being attacked. Their content varied: There were dreams of falling, burning, drowning, being electrocuted, and reproductions of war scenes. At first he remembered his dreams vividly, but later remembered very few of them. It was only after a great deal of effort that some of his dreams could be recollected.

The dreams of this patient deal with the "sado-masochistic" conflict, but they are almost entirely masochistic. During periods in which the patient was relatively free from symptoms he would have dreams in which he was the aggressor. "I dreamed I was fencing with someone and I stabbed him." He would awake frightened.

The anxiety in this case is of great interest. The dreams all indicate a marked activity of anxiety which the patient is incapable of displacing on to any situation in the outside world. He has no anxiety except that associated in a general way with the feeling that if he has a spell in a situation of danger, he might be killed. Aside from this, there is no conscious representation of anxiety. The patient had no agoraphobia. He would spontaneously avoid exposing himself to danger but the violent anxiety from which he would start in his dreams did not disturb him in his waking life. For short periods after waking from his dreams, he would have a transient fear of the dark, a fear of loud noises, a fear of burglars, and so on, but this state seldom lasted more than a few minutes; he would promptly go to sleep again, only to be awakened by another dream of the same kind.

The relationship between the anxiety and the loss of consciousness was explained to the patient and he was urged to anticipate the attacks of unconsciousness by actually fearing them. After considerable persuasion, the patient produced certain phenomena which indicated that the anxiety so active in his unconscious could be brought into closer relation with his spells. He came to the clinic excited, apprehensive, fearful and trembling, and stated that for the past four days he had been in a constant state of apprehension—but it was not displaced on to any situation in the external world. It was, however, displaced on to his spells. The patient recalled that he had on many occasions been in apprehensive states during the past seven years, but that he had feared nothing in particular. It never formulated itself as a definite phobia. Moreover he said that the presence of these anxieties does not guarantee him against the occurrence of his spells, because he frequently would pass directly from a state of anxiety into a spell. Several days after this statement, the patient reported an interesting experience. Awakening from one of his typical dreams, he switched on the light and reached for a pencil in order to record it. He remembered nothing beyond switching on the light, for at that moment apparently he went into a spell. His attempt to bind his anxiety on to a special situation had failed. This inability to make a transference on to the outer world was responsible not only for the fact that the patient had no phobia, but also for the fact that his spells persisted in their original form, and that he had the violent dreams in which the repressed anxiety continually reappeared, associated with the original traumatic situation, and leaving no traces in his conscious life.

Although prior to service he was a steady and industrious worker, he had not been able to apply himself to any work since. Whatever interest he had shown had been in relation to mechanics: he had several times attempted to invent various mechanical appliances, usually labor-saving devices. As he put it, "Whenever I make an attempt to work, I am thrown into spells more frequently."

The dream life of this patient is characteristic. A long series of dreams was studied, which were largely of the catastrophic type; in them he was either annihilating someone or being himself annihilated. A second type of dream dealt with the death of former objects of his love, his mother and grandmother. A third type might be called "dreams of frustration." For example, one had the following text: "I was in a room and everything I touched turned into sand. I put my hands in my pockets and there was sand. I tried to get away and the harder I tried the deeper I sank into it." Some time later he brought a similar dream, in which the frustration consisted of everything turning into water. Dreams occurred every night, waking him three or four times. He subsequently developed some immunity to their sleep disturbing property.

By far the most interesting features of this case is the description of his reactions immediately after the trauma.

Following his shock he was unconscious for an unknown length of time. When he first awoke, he was not aware of the existence of any individual part of his body. He first described it as a "feeling of complete paralysis," but this was not really the case. The fact is that he had no body consciousness, but his body was regarded, as in infancy, as a part of the external environment, and the whole series of integrations by means of which the infant learns to recognize parts of his body as pertaining to himself was completely ruptured. Not only could he not move any of his limbs, but he could not localize them, he did not have any idea of voluntary action and, although he retained some degree of cutaneous sensation, he was unable to localize it or to do anything to remove any source of irritation that arose. He remembers being very uncomfortable on such occasions, but he could not tell on which side of the body the irritating stimulus was situated. That is, in order to remove an irritation of the left thigh, he did not know how to turn over on the right side. In short, voluntary motion was impossible, because he had lost all awareness of his body-ego. During this time he was unable to perform the simplest movements, and he had no sphincter control. This "paralysis" notwithstanding, a loud noise would throw him into a chaotic response, in which he would sometimes fall out of bed. If we were in possession of a complete record of his activities at that time we would doubtless find that the patient had first regained the elementary body movements and we could have demonstrated the course by which they are synthesized into the motor melodies which make up most voluntary action.

With regard to the interpretation of stimuli coming from the outer world, the patient was at first equally impotent. He could not, in the beginning,

differentiate between the various forms of stimuli, and he reacted in the same way to most of them. He remembered hearing noises, but could not distinguish the difference in the quality of sounds. The sound of a bell and the sound of a human voice were more or less alike to him. He heard people talking, but he could not understand what they were saying. His response to sudden noise was very much like that of a child, a chaotic, incoördinate, purposeless series of movements.

He appreciated light, but he did not know what the objects in the room were. He remembered being able to differentiate heat and cold, and that he was able to touch and to feel objects, but he could not grasp or hold them, nor tell what their use was.

He could not swallow. He had to be tube-fed, and he vomited most of the time. After this he had to be spoon-fed, and only gradually learned to put food objects into his mouth. At first he did not appreciate the difference between night and day and was entirely unaware of the passing of time. He was unable to interpret olfactory stimuli. It is interesting to note that the objects in his room looked very different to him immediately after regaining consciousness. The patient was unable to describe just what he meant by this. But judging from what several other patients have told me, it would seem that he had no idea of perspective and that objects appeared either confused, or in two-dimensional form, or entirely detached from their meaning, as interpreted by the idea of use. He was unaware of any relation to these objects, hence they were meaningless. We can infer that his knowledge of spatial relations was completely destroyed; this disturbance apparently involved not only a loss of the capacity to interpret perspective, but also a loss of the knowledge of the motions of his own limbs and their relation to objects. The optical pictures of reality were destroyed, and also the optical pictures (probably) associated with kinesthetic sensations.

The patient gradually learnt how to interpret external stimuli and to re-integrate his body-ego. Voluntary motion was extremely slow in returning. Within a period of two months he was hardly able to get out of bed. When he attempted to walk he found that his limbs would not support him. He had to begin with a complete incoördination (complete astasia abasia), and only very gradually learnt to walk and to execute coöordinated movements of greater complexity. His ability to write was especially slow to return; it was in fact the very last function to reappear. The entire process took several months.

While the patient was in bed, he remembers having been subject to an almost constant sensation of vertigo, aggravated by changes in position, when for example he was turned or lifted. At these times the sensation was constant. He described several forms of vertigo, a wavelike vertigo, a circular vertigo and a lateral vertigo. After hearing repeated descriptions of his vertigo, I could not but feel that what he was trying to describe was a loss of sensation of weight and of the feeling of various parts of his body. Thus he would say: "I feel as though I were walking on air."

No fear accompanied this vertigo. The vertigo almost completely disappeared, but recurred periodically just before and immediately after his spells of uncon-

sciousness. After his unconscious spells we have a mild recurrence of almost all the phenomena which occurred during his initial hospital residence; that is, marked incoördination, astasia abasia, vertigo, a period of mild dazedness and inability to interpret external stimuli accurately. I believe that the feeling of vertigo depends largely on the loss of kinæsthetic and visual pictures of the melodies of voluntary motion, and is not a vertigo associated with lesion of the semicircular canals.

The patient describes his state of mind during his hospital residence in the following words: "At that time I could not think at all. I had no feelings." The noteworthy feature of all this is that it shows the interesting relationship between the development of the thought processes and the development of an integration of the body-ego.

We shall return to this case for the discussion of many issues. Suffice it, at present, to say that, from the point of view of the genesis of symptoms, the original effects of the trauma, the complete disappearance of all the integrations which make for voluntary motion (that is, the integration of the body-ego), the reduction of his capacities to those of the newborn child, the gradual relearning process and reintegration of the ego, and the periodic return to this state is unique in my experience. It does not however indicate as effectively as some of the others the seat of the conflict in this disease. It does show the path of regression. The patient's reaction in this case is more like a complete surrender to the trauma, whereas many other cases show the conflict and struggle against the regressive forces.

Therapy over a long period was ineffectual as judged by any improvement in working capacity or in cessation of his seizures. There was however considerable improvement in his insomnia. Though his working capacity remained permanently impaired, he devoted much of his time to the invention of labor-saving devices, several of which were quite ingenious.

The following case terminated more fortunately from a therapeutic point of view. The seizures ceased. We cite it because the epileptic "*Anlage*" in the case was quite pronounced in childhood. After a severe diphtheria at the age of five epileptiform phenomena occurred for several years, then ceased, only to be reactivated by the trauma of war experience. In this case the displacement of the aggression on to love objects with consequent heightening of the guilt is a most important feature. It furthermore shows the typical amnesia for the traumatic event and the great difficulties encountered in lifting it.

CASE 3. The patient was thirty-three years old, a native of New York. He was the fifth child of a family of ten, three of whom had died early in life of infectious diseases. There is no evidence of psychopathy in the family, and

several of his brothers had attained considerable prominence in life. His father was still alive; the mother had died when the patient was nine years old.

At the age of twelve his father broke up house and the patient, who did not wish to live with his elder brother, ran away from home and became a mess boy on board a sailing vessel. His schooling was interrupted at that time and was never resumed. He never learned a trade and had a large variety of occupations prior to service. Between his twelfth year and his thirty-third year the patient spent about three years with his father, worked for a while as a sailor, then as a stove mechanic and finally as a truckman, which occupation he continued until he entered service.

It is important to note that prior to service there was no evidence of infantile fears, and no delinquent or criminal tendencies; but that he had epileptiform seizures following an attack of diphtheria, which continued for an indeterminate period. The character of his infantile convulsions could not be ascertained and he had denied them, probably because he thought it would impair his status as a government claimant. His parental attachments were not unusually strong; his reaction to his mother's death was quite normal. He was emotionally a rather shallow individual; he had never been in love with anyone, although after he returned from service he had married a woman many years older than himself. Toward her he was ambivalent. As a soldier he had distinguished himself by extreme bravery in situations of danger.

When the patient was first seen, in March, 1925, his neurosis was seven years old. It might, perhaps, be best to tell the story as he told it himself in the course of treatment.

When he entered the room it was observed that he sat down rather stiffly. The expression on his face was hard and immobile with most lines of expression obliterated. He answered in monosyllables and seemed to have an attitude of defense. He volunteered no information and made no complaints. In looking over his record, I noted that the patient was suffering from spells of some kind. I proceeded therefore to make the usual inquiries about his war experiences and the traumata to which he had been subjected. At this point I began immediately to encounter a great deal of resistance and anger on the part of the patient. He explained his anger on the basis of an unwillingness to talk about the war and especially about a certain event which had occurred in service. This particular event, he said, was the starting point of his neurosis. When his anger had abated to some extent and he was encouraged to talk about this event, anxiety set in. We see that it took very little effort to uncover the anxiety which lay underneath his superficial aggressiveness and his defensive attitude toward the environment. At this point the patient became very plaintive and pleaded for help, but insisted that concerning the traumatic event he remembered absolutely nothing. He was then asked to describe the fainting attacks or spells and every detail in connection with their onset which he could recall. He said that everything grew dark, and that he sometimes saw shadows in this clouded state. When he was asked to pursue the subject of shadows, he remembered that on the night on which he was blown up he had been on a scouting expedition, crawling on the ground about seven o'clock in pitch darkness, and that while thus engaged searchlights began playing on the party, and

that then he saw shadows on the ground. At this point in his recital the patient became very agitated and begged to be relieved from further pursuit of the subject at the time.

His next appointment was two days later. He came about two hours late and stated that for the past two days he had been in a constant state of panic, that he hardly knew where he was, could not sleep at night, was disturbed, had distressing dreams, and that he was afraid to leave his house for fear of having an attack. This state of anxiety persisted through the greater part of the hour although when the patient first came, his anxiety was slightly covered by a series of defenses which seemed to be directed to the external environment.

The task of recovering the traumatic event consumed a period of several months, and it was never completely accomplished. After violent upheavals and a great many distressing dreams, the patient would recall some minor detail of the frightful event. All of this was exacted from him in the face of persistent and violent resistance, in quite the same manner as the hysterical struggles to bring out the details or interpretation of a primal sexual scene. His attempt to recall these details of the traumatic event would sometimes result in an attack of vomiting, as if he wished to vomit forth a foreign body buried in his mind. The spells came at varying intervals, sometimes twice a day, sometimes after a remission of four or five days. The occasions on which he had the spells seemed to be such as resembled some detail of the original traumatic event. For example, he would very often have a spell just as he reached the top of a staircase and when he would enter a dark room. By "spells" the patient meant a loss of consciousness, accompanied by convulsions but without relaxation of sphincters, in which he occasionally bit his tongue and ground his teeth. This latter detail was borne out by the sight of many teeth which were broken from chewing clothes-pins to vent the violent aggression during his attacks. The oral character of his aggression is self-evident.

The loss of consciousness was always complete, although occasionally the spell was more like a petit mal attack and sometimes took the form of an outburst of violence. This latter type of spell was a state in which he would seize any nearby object—his shirt collar, necktie or an article of furniture—and proceed to tear or break it. On such occasions he had been known to assault any person who came into his immediate vicinity or who dared to touch him. On these occasions also he would chew his clothes and grind them into fragments. Formerly he was precipitated into these spells by any sudden or persistent noise. The only aura which the patient had was a gradual blindness and the seeing of shadows. The major spells lasted from fifteen minutes to two hours, and he always awoke with a feeling of confusion and disorientation followed by a stuporous sleep.

The patient stated that he was a brave, fearless soldier and never subject to anxiety during the war. The traumatic event took him entirely by surprise, and at the first sitting he remembered nothing but that he awoke in a field hospital a long time afterwards, confined in a straitjacket. From his story it appears that for a few days or possibly as long as a fortnight he was in an acutely agitated, hallucinatory state. Beyond this, he could recall nothing at this stage of the treatment.

After the first few sittings the repetition mechanism was explained to him, and in so far as it was possible, he was directed to see that the spells were repetitions of the original traumatic event and that in his original reaction he also lost consciousness. Furthermore he was told that all the auras he described were hallucinatory sensory reproductions of the experience immediately preceding the first loss of consciousness on the battlefield and that he was protecting himself with all his might against any repetition in the outer world of the original trauma and any recollection of the event.

After the first few sittings, the patient's reactions were extremely violent and distressing. This phenomenon has been observed by some other authors who state therefore that in these traumatic cases it is wrong to employ a procedure which permits an abreaction of the original trauma. This attitude of alarm when a patient shows an aggravation of symptoms speaks for a lack of experience and an ignorance of the psychopathology of the disease. Any form of anxiety that the patient expresses is, from the point of view of therapy, a much more benign reaction than any of those which set in as a result of complete repression of the anxiety. Whereas the patient may complain and for the time being may appear to be somewhat aggravated in his illness, the release of this nuclear anxiety is the kernel of the therapy. One must not be alarmed by it.

The patient's immediate reaction was to have seven spells within a period of a week after his first visit to me, then spend two sleepless nights. Although he had been having anxiety dreams for the past seven years, they did not compare in terror with those he had after this visit. He stated that ever since the traumatic event, he had suffered from insomnia and from the typical anxiety dreams, in which something horrible was happening to him or in which he played the aggressor and was killing some man and being punished for it, or in which some person very dear to him was dead. Immediately after the treatment was begun, the patient reported two dreams: "I dreamed that I was killing a man and then that I was being electrocuted. I really felt the electric shocks going right through me. I couldn't sleep for a long time. Then I had another dream in which I was murdering a man. The horror of these dreams was so great that I had to get up and walk the floor until seven o'clock in the morning. Then I tried to go to sleep again, but I was awakened this time by a dream that the Germans were after me. Then I couldn't sleep any more, and during the following four days I had dreams in which I tore my hair and my clothes."

The remarkable feature of all this was that together with a dependency upon me for help a vast amount of anxiety was released.

The dreams which the patient reported were of being tortured, killed, persecuted by people around him with weapons, or of being annihilated by the elements, with thunder and lightning raging around him, or of falling from great heights. He also dreamed that people to whom he was much attached were being killed. Sometimes it was his wife and sometimes his father. These latter dreams were extremely distressing, and whenever he had one of this variety, he came with a profound feeling of guilt and had the same kind of conflict that we find in transference neurotics when they discover that they have hostile wishes and death fantasies about some person whom they love.

The dreams in which the patient was the aggressor were usually the more distressing. In fact, one could hardly perceive any difference in affect toward the dreams in which he was the aggressor and towards those in which he was being annihilated. As we shall show later, the dream of annihilation and the dream of aggression are complementary facets of the same nuclear complex.

A dream in which he was killing his wife obsessed him for days. After such a dream he would walk around the next day crying without knowing why. When asked to associate to this dream, he said that his wife was the dearest person in the world to him and that she had helped him through all his difficulties; yet he had dreams of murdering her, of seeing her casket being carried out, etc. The guilt which obsessed the patient often took the form of hypnagogic hallucinations, in which someone usually in uniform would point a finger at him and shout: "You killed me!" This type of experience would often be repeated several times during the same night. These aggressive dreams almost always brought associations about his mother who died when he was nine years old. Since his return from service he had often dreamed of her. She usually was encouraging him and advising him not to be afraid and assuring him that she was in her resting place. In association with these sadistic dreams the patient mentioned that prior to service he had had frequent occasion to witness accidents, and that he had done so with perfect equanimity, that he had several times seen men killed in the railroad yards, that he once saw a lion escape from the Central Park Zoo, that he had seen operations performed on animals, but that he had never been fearful. Prior to the war he was never afraid of death and even now, when directly questioned, he said that he did not fear death, but that he rather wished for it as a release from his difficulties. He said, moreover, that before service he had been a gentle and agreeable person, but that now he was always looking for trouble, carrying a chip on his shoulder and ready to pick a quarrel. This notwithstanding, the patient was very easily frightened by anything which suggested fighting. If he chanced to be at a motion picture and see a war scene or a battle or a gun fired, he would go into paroxysms. Whenever a loud noise would occur on the street he would either be thrown into a panic, or he would start running wildly for blocks at a stretch and take refuge in an alley. On one such occasion he ran for about ten blocks from the original scene into a hallway, up three or four flights, and landed exhausted in a factory. This is very like the amok running observed among the Malays. When asked why he ran, he merely said that he did not know, he could not stop running. It was indeed very much like the reaction of a frightened horse.

The patient had several displacement symptoms. He feared going uphill or going downhill. We shall see how this was associated with the original trauma. He feared falling, he feared riding in a subway train, he feared that there would be a collision or that the train would jump the track. He was mortally afraid of street traffic. When he came home and found nobody there, he feared that there had been burglars in the house or that the house was on fire. He feared diving into the water or climbing a pole, both of which he had done with great bravery as a child. An important displacement was the fear that somebody was following him on the street. This did not have the persistent

character of a paranoid delusion. It seemed to be a part of his whole adaptation to the environment; he knew that his fears were imaginary and he did not take any of the usual precautions against pursuit.

In his minor spells, the patient often described phenomena of transient blindness. They occurred most often when he stepped out of a car, vehicle, or a house, or when he saw someone being hurt. On several such occasions he had to be taken home by some passerby. Another form which his imagination took was fantasied violence, in which he tore bed clothes to strips, chewed up clothes-pins, tore his collars and struck people. Compulsive and senseless laughter and nonsensical talk, of which he was entirely unaware, also appeared in these spells.

As to the original trauma, during the period of observation the patient did not succeed in completely recalling and reconstructing the event. With a great deal of effort, however, he was able to put together fragments sufficient to indicate some of the conditions under which he lapsed into the state of unconsciousness. His attacks of violence and transient blindness were also associated with the trauma. He was able to recall that it took place in 1918, that it was 23 kilometers from M. He remembered also that he received the order at seven o'clock in the evening. (Twilight was the time when he had the largest number of spells.) He remembered also being in very good spirits. A short while after the command was given, it was revoked. He recalls stopping for dinner and having carrot soup. It was stormy, dark, and shells were bursting around him. He climbed up a hill and then heard the word "Duck, duck!" This detail of being on the verge of an incline and hearing the word "duck" recurred in several dreams. He also remembers that the terrible night was Monday and that he woke up two days later in a straitjacket, a considerable distance away from the original site, in a dressing station. When he first awoke from his unconscious state he was, he said, like a rubber ball. When anybody touched him "he would jump sky-high." He was completely disoriented, did not know his name, could not walk, fell over objects, stuttered, vomited and talked in childish gibberish. His reactions were those of a child of about two years of age who has been severely frightened. He did not have any persistent paralysis. His infantile behavior was rather important. The whole world seemed to be full of danger, and he showed a trait very commonly found in these cases, also in certain cases of epilepsy. He was completely identified with the world in so far as it was a hostile place. He readily identified himself with anyone meeting with an untoward accident. Thus, on one occasion, the patient was on the street when someone was struck by an automobile. He began forthwith to run as if he were pursued. He ran for blocks and then dived into a hallway, where he recovered to the extent of being able to ask for water. He was in no danger at all; the other fellow was being hurt.

He recalls that after being confined in a straitjacket for some time, he was released, whereupon he ran away. He did not know where he was running to nor why. He was caught and taken back to the hospital where, he said, someone tried to reassure him by showing him a dead man. (A most appropriate piece of active therapy!)

Concerning the original trauma, a few more details were discovered. He

remembers that he was in the second line trenches, that a shell came over, that it was a "dud," that it fell near him and threw a great deal of mud on him, and that he was, in all likelihood, trampled on by his comrades who were running away from the dud. There were many other details which he could not unite with the original trauma, but as far as could be learned the patient was not blown up by a shell. What probably happened was that he was given a command to go over the top, which he did, that as he entered a second line trench a shell came over, did not explode, but landed near him and splashed him with mud, and that in the confusion he was thrown down and trampled upon by those around him.

It is furthermore important to note the patient's attitude toward work. He could not resume his former occupation, and all his efforts at rehabilitating himself in a new occupation were unsuccessful. He had the typical attitude of inadequacy to work. The accuracy of manipulation of his hands and fingers, and his ability to coördinate them in any form of manual work was markedly impaired. He described a phenomenon I have encountered frequently in the dreams of traumatic cases, namely, that there were certain days when everything would go wrong, when he was incapable of holding objects in his hands; he would stumble over everything, and break things, very often to the detriment of his employer. He was extremely slow at work and would labor for hours over something which normally should consume only a few minutes. It is needless to say that the patient was able to bestow but little libido upon his working activities. An interesting feature about this case was that the words most common in the patient's vocabulary were those describing combat and struggle. He was always "fighting something through," "winning something." The successful accomplishment of a task was described as "murdering it." This is an interesting specimen of the perseveration tendency of the traumatic case, which also is to be found in the epileptic.

Thus, in the patient's adaptation we see a tremendous battle against the environment, and a complete inability to exert control over that part of his personality which is concerned with the conquest of the environment even in the form of a feeling of security or in the ability to perform any regular work. Accordingly he endured frustrations impatiently; impediments to the ease and comfort of his external existence were tolerated with particular difficulty. He responded with exaggerated and disorganized affect to physical hurt. Any trifling scratch or slight to his person would throw him into a panic. He suffered extreme fluctuations of temper, from great violence and anger to maudlin tenderness. For example, he cried three days when he had to have his dog killed, and he melted into tears when he witnessed a funeral procession. There was a conspicuous poverty in his emotional ties; but this impression may have been produced by his conflict with the external environment, which for the time being overshadowed his libidinal relations with people. All his reactions were either sadistic or masochistic. It is, moreover, likely that the patterns of his libidinal and social life were patterned after those of his relations to the outer world. This is indeed a displacement!

Five months after he came under my observation his nightmares with their sado-masochistic content ceased, he was able to sleep the greater part of the

night, and his spells subsided to a large extent. The issue of compensation was, however, a great obstacle to the cure of this patient. He frequently misrepresented his improvement for fear that if I reported him as well he would lose his compensation. Thus, after an absence of seven months, the patient alleged that he continued to have spells, but his wife informed me that he had not had a spell for five months. One must note, furthermore, that during the course of the treatment his symptoms increased in severity; that is, his anxiety and his distress became much more severe. The increased capacity for displacement, anxiety and transference was the cause of his partial rehabilitation.

It is important to note that most of the patient's symptoms were reactivated on the occasion of a mild trauma. One evening he was in a taxi which collided with another vehicle. His old panicky reaction returned. All his symptoms, dreams, spells and secondary defenses recurred. He was in such a disturbed condition that he had to be taken to Bellevue Hospital and kept there for several days. Prior to this time he had had no spells, had slept well and eaten well. His vomiting had ceased, he was free from cardiospasm, and he was becoming much less sensitive to noise. The new trauma, however, did not have any lasting effect; after a short time his condition was about the same as it had been before treatment was discontinued.

From the symptomatology of the neuroses precipitated by trauma we can therefore see four types of end results: (a) The trauma strikes the psychosexuality, and the result is, irrespective of the specific color imparted to it by the traumatic event, a transference neurosis; (b) it may terminate after many preliminaries in purely autonomic crises up to and including Graves' disease; (c) it may result in permanent paralyses—both sensory and motor; and (d) in epileptiform crises. It is now pertinent to ask what authorization there is to regard types *b*, *c*, and *d*, as a continuous series. This is where metapsychology is extremely helpful; for apart from the character of the presenting symptom, all these varieties have the same psychic characteristics. These psychic characteristics are the landmarks which enable us to determine where the conflict is located in the patient's problem of adaptation. All types have the following in common:

1. Fixation on the trauma with the customary amnesia and splitting of affect from content.
2. Limited or complete incapacity for displacement of the conflict.

3. Typical dream life.
4. Marked irritability—especially acoustic.
5. Certain constant inhibitions, especially for work.
6. Tendency to outbursts of aggressiveness and violence (sadomasochistic conflict).

We cannot say what factors determine the type of end result; but it is quite certain that the severity of the traumatic experience has something to do with it. The epileptiform cases are the residuals of stuporous or maniacal states in the acute phase. The two considerations which lead us to conclude that the types form a continuous series are that some cases can have syncopal phenomena at first and terminate as Graves' disease, and secondly that these constant features stand in a definite relationship to the repressed material and the consequent inhibitions. Irrespective of presenting symptoms, the patients all show resistance to the uncovering of the amnesia and the lifting of inhibitions. They also show a similarity in the counter-cathexes.

Before we make any effort to account for the symptoms of the traumatic neuroses, it would be well to establish what it is that occurs in the traumatic moment. Case 2 (p. 401) serves this purpose well. We find a state of affairs which resembles a description of how the newborn infant behaves toward the world. First the patient showed complete unconsciousness, then complete loss of knowledge of his own body, incapacity for voluntary motion, and violent fright reactions to all sudden stimuli. He could not interpret any sensory stimuli, such as sound qualities, perspective, or tactile sensations in a way which would establish any relations to these stimuli or their source. His convalescence during the first three months was to all intents a repetition of the first six years of life, the most complicated motion formulas returning last (writing). It is important to note that the world was not falsified as in the case of a delusion; the sense of reality, judging from both the retrospective account and the subsequent course of the neu-

rosis, was unimpaired; reality was not disturbed, but there was a failure to interpret it or master it.

Moreover it must be stressed that from the moment of regaining consciousness the course of the neurosis was to reestablish an adaptation abruptly broken by the trauma. All the residual phenomena of the neurosis must therefore be regarded in this light. Processes such as those described above can undoubtedly be found in extreme states of epileptic or schizophrenic deterioration. There is however a striking difference: schizophrenic deterioration is achieved by the gradual and persistent withdrawal of libido from the world and the goal of the neurosis is regressive; in the traumatic neurosis the goal seems to be to reestablish a more highly developed adaptation—an effort which succeeds up to a certain extent. Periodically crises arise which compel the patient to repeat the whole process from the beginning. But the repetitions take much less time. Instead of months as on the first occasion, the subsequent repetitive efforts take half an hour.

It is not enough to say that in the traumatic moment the patient regresses to the state of the newborn. This regression is not instituted by the same means as that of schizophrenia. What has apparently been damaged is the *means* by which the tensions in the id can be satisfied in their relations to the outer world through the agency of the body-ego; the most basic weapons of the ego have been reduced to their most primitive version. From a methodological point of view it therefore seems futile to pursue the reconstruction of this neurosis from the side of psychosexual regressions; it seems quite as irrelevant to do this in a traumatic neurosis as in a case of fractured skull. This does not imply that there is no psychosexual regression or that the tonicity of libido development does not have a great deal of influence on the convalescence from such a neurosis. This latter, however, is a distinct and separate problem to which we shall return.

The objection may be raised that not all cases of traumatic neurosis report what this patient did about the early days of

convalescence, and secondly, that there may have been an accompanying organic injury. In regard to the first objection, we may reply that a quantitative factor would account for differences between individual cases, but that the quality of the reaction to trauma, as judged by the ensuing symptoms, is always the same. The second objection is one we cannot deny; we say, however, that the presence or absence of organic injury makes no difference as far as our problem is concerned.

We can also meet the problem of how to evaluate the traumatic neurosis by considering reactions to minor traumata. Every individual has been injured or frightened while in the midst of some activity. In most instances we find that he has repetitive dreams the first few days following the event. The most persistent result is a circumscribed inhibition to the particular action interrupted by the accident, e.g., horseback riding, mountain climbing, etc. The inhibition hardly touches the remainder of the individual's adaptation; the particular action can be deleted without disturbing effects. If however we magnify this inhibition a thousand times, so as to include every phase of the individual's adaptation to the outer world, we have a fair estimate of what happens in severe cases of traumatic neurosis.

The repetitive character of the catastrophic dreams speaks for a complete incapacity of the patient to tear himself away from the effects of the trauma. In severe traumatic neuroses the amnestic event has become the kernel of a systematic and continuous secondary repression (*Nachdrängen*), which I have been able to observe operating fourteen years after the trauma itself.

A second indicator of what has happened in the traumatic moment and in the portions of the ego involved is the strange incapacity of these patients to displace the conflict. For this we have the testimony of the course of the neurosis, which never adds new appendages like the compulsion neurosis or hysteria. Substitutive gratification is evidently difficult to establish.

The dream life gives us some valuable clues. One of the functions of the dreams was described by Freud in *Beyond the Pleasure Principle*; namely, that "these dreams are attempts at restoring control of stimuli by developing apprehension, the pretermission of which caused the traumatic neurosis."¹ More indications of what these dreams effect may be found in chronic cases. One patient (case 2) reported forty dreams on successive nights, most of them terminating in a threat of annihilation. The means of annihilation were not uniform: once he was burnt, once fell off the Woolworth Tower, again was pushed in front of a subway train; he was drowned; he rode up in an elevator which shot through the top of a building; he fell out of a capsized boat and the like. The dreams reported have as a constant characteristic that a given action is never carried through to any extent before the threat of annihilation intervenes. A second type of dream was referred to above as "frustration dreams"—everything turns into water, etc. A third type dealt with the death of love objects. In other patients I frequently encountered occupational dreams in which a given piece of work was performed with great difficulty. Many of these patients actually had such difficulty in the waking state. Dreams of the latter two types all seem to be variations of the annihilation dreams.

In advanced states of convalescence from traumatic neuroses we have seen an interesting variation of the annihilation dream, a transformation of the idea of annihilation of the ego. The conflict is shifted from the threat of annihilation of the patient's body-ego to his means of livelihood. In the following example, the patient was the owner of a chicken farm. In addition to the usual annihilation dreams, he reported the following series:

"I dreamed that I was on my chicken farm, and that I saw great big rats eating up all my chickens." "I dreamed I was in a row-boat, and I was riding in my boat over my chicken farm," to which

¹ Freud: *Beyond the Pleasure Principle*. English translation by C. J. M. Hubback, 1922, p. 37.

the patient spontaneously made the association, "You know, chickens can't swim." "I was on my chicken farm, but I noticed that the whole farm was covered with cement," to which he added "Chickens need earth to feed upon, they can't live on a cement floor."

In other words, although there is no direct threat of immediate annihilation, the threat is implied in that the patient's means of livelihood is being destroyed. The dream of frustration at work is really a phenomenon of the same sort—the means used by the patient to earn his livelihood is being constantly blocked. This is, of course, only the manifest content; considered more deeply, they are dreams of oral privation.

Although I could elicit no association to these dreams other than the few recorded, I think we are justified in pursuing them a bit further. The dreams all say "my means of livelihood is being destroyed." "I am separated from my mother"; that is to say, they are birth or impoverishment dreams; but the affect (helplessness or fright) does not take an explosive form; it is attenuated and drawn out. Still another interpretation is: "I cannot 'eat' the world," i.e., achieve an oral mastery of it. It is important to note in these dreams the oral symbolism and the absence of the anxiety-fright reaction. I do not believe this is a coincidence. The latter patient was much further along in his convalescence than most traumatic neuroses I saw. He was moderately well adapted, though this success was achieved at the cost of a partial withdrawal from those stimuli in the outer world that most annoyed him,—noise, contact with people, etc. Characteristically he had chosen a deserted section to open his chicken farm. He had been able apparently to begin to libidinize the world again in an orderly manner, beginning with the oral zone; and these dreams are a record of this stage of his recovery. One can interpret the world by means of one single erotogenic zone, and such a stage represents a decisive step in the reintegration of the ego. It indicates moreover the direction in which this reintegration takes place, and what occurred in the breaking up of the ego.

These birth dreams, separation from mother (*Weltuntergang*, annihilation, and frustration) indicate in a general way what took place in the traumatic moment. The subject's mastery of the outer world ceased momentarily; he was torn forcibly from a hitherto friendly world. In the same moment two positions of his ego were torn asunder, the introjected portion of the outer world (beginning with mother), which is now body-ego, and the ego nucleus. This is, by virtue of his own instincts of mastery, a reproduction of the birth situation where the primitive ego is abruptly torn from the mother. The reestablishment of friendly relations with the outer world must of necessity follow the same patterns as they do immediately after birth; the stages of libidinal investment of the world must again be recapitulated.

The third form into which the annihilation dream may be transformed represents a real transference of the affect. These are the guilt dreams. In these dreams the patient is engaged in some hostile pursuit against some loved object, from which he awakes with a profound feeling of guilt. We may anticipate here by saying that these "guilt" dreams represent a secondary binding of an enormous amount of defused aggression set free by the traumatic event; but in its secondary bound form it is used by the super-ego and manifested as a sense of guilt.

The frustrations of these patients in their dream life are all variations of a few simple ideas—"I cannot do anything; I am helpless; I am as I was at birth, torn from mother." Some psychic portions of the integrated ego which normally enable the individual to carry out certain actions are either destroyed or inhibited. Originally they were represented by the mother. These portions of the ego apparently exert a protective influence; when they are inhibited or lose their function, the patient is threatened. A return of the phase of oral mastery is a considerable step toward recovery.

The irritability teaches us a bit more. It is common to all traumatic neuroses. It is especially marked in connection with auditory stimuli. It may be characterized by a constant ready-

ness to fright or syncopal reactions. This irritability has no resemblance to anticipatory anxiety. That stimuli should produce irritability reenforces what we learned from the dreams—there is a diminished capacity to interpret, use, and master the outer world.

In interpreting the phenomena described up to this point we may say that we are dealing with a persistent effort on the part of the patient to withdraw from the world; he wishes none of it. We shall see that this is a different type of withdrawal from that encountered in schizophrenia.

We have yet to investigate the inhibitions and the tendency to disorganized aggression. The tendency to uncontrollable aggression is one of the commonest complaints in these neuroses. As a rule the patients are much troubled by it and recognize it as a distinct change in their character. In their outbursts the patients are destructive and at times dangerous; they break or tear objects and not infrequently bite them. The outbursts may or may not be accompanied by loss of consciousness. They are never deliberate or premeditated, but always impulsive, often alternating with periods of maudlin tenderness. The chief manifestation of the inhibitions is the incapacity to libidinize work. The patient is constantly troubled with vertigo and tremors. He is awkward and slow; things fall out of his hands; the most highly trained coördinated motions disappear. The vertigo is usually described in optical or kinesthetic terms; the environment moves or rotates, or the patients "cannot find their limbs." There is a marked shrinkage of the sphere of interest, both emotional and intellectual. Impotence and diminished sexual interest though almost invariably present are never a source of complaint. These patients are not favorable subjects for a systematic study of the libido alignment.

We now come to the question whether we are dealing with a systematic regression. There is no doubt but that these patients attempt to reproduce phases of ego development of childhood. The phase of oral mastery can be definitely recog-

nized, and the disorders of locomotion and speech are undoubtedly re-editions of the age of learning to walk. In the syncopal attacks, the stage of uncoördinated motor discharge is reproduced. In the acute stages the reproduction of the adaptations of a child of fifteen months has frequently been observed.

McDougall¹ described such a state in a patient who became completely mute after his first bombardment. After a second shock he behaved like an infant in every respect for about a year. Unfortunately McDougall's case contains no record of the patient's convalescence, and no account of the symptoms present after he had emerged from his infantile state.

When McDougall first saw him he "showed no trace of comprehension of spoken or written language and uttered no sounds other than 'Oh sis-sis-sis'; . . . he seemed to have little or no understanding of the use of ordinary objects and utensils, most of which he examined with mingled expressions of curiosity and timidity . . . when put on his feet he walked jerkily, with short hurried steps, the feet planted widely apart. As soon as allowed to do so, he slipped down upon the floor and crawled about on his buttocks with the aid of his hand. . . . He could not feed himself, and was fed with a spoon by the nurse. . . . The expression of his face conformed to the rest of his behavior. . . . He slept soundly at night and during the day would pass quickly, almost suddenly, from animation to deep sleep. He wept like an infant when a nurse accidentally stepped on some of his pictures of horses, and upon other similar occasions. He was sometimes playfully mischievous. His digestion was easily upset; and if he took other food than milk, broth, and slops, he would complain of pain in the belly, suffer from wind, and would curl up in bed. He was very easily frightened. He shrank in fear from dogs, all furs, a negro patient, the stuffed head of a stag, and from all sudden noises and all loud noises the cause of which was not obvious. This timidity was the main obstacle to progress; for on each occasion of being frightened he relapsed to his completely childish condition and *had to begin growing up afresh.*² . . . After such relapses his progress was usually more rapid than before, i.e., he quickly regained most of what he had lost in the relapse."

¹ McDougall, Wm.: *Outline of Abnormal Psychology*, pp. 285-288.

² Italics mine.

It is not enough for us to designate what happens in these cases as "regression." It is not one of the types of regression we are acquainted with in compulsion neurosis (anal sadistic), or in schizophrenia (narcissistic); the goal, the technique, and the stimulus of the regression is different. In McDougall's case the stimulus was often repeated during the observed period of convalescence—either a sudden stimulus which he could not master, or a physical illness (influenza). The technique of the regression is not partial and gradual, as when regressive erotic cravings are made compatible with an intact sensorium; it consists in a total and actual reproduction of the infantile adaptation to the world *en bloc*. In schizophrenia, reality is distorted in the interest of narcissistic gratifications. In these traumatic cases the cognitive faculties and all higher sensory and motor integrations are relinquished to promote a return of the infantile world. The weapons of the ego whose task it is to interpret the world yield up their more highly developed forms. With this infantile state as a starting point the patient begins anew to build up his ego. This is as true of the cases which convalesce slowly as of those epileptiform cases in which the regression is deeper and the emergence more rapid. It is the function of the repetitive phenomena to establish a relationship with the world that will lead to gratification. In most chronic traumatic neuroses this effort is only partially successful; there remains a residue of inhibitions with the resulting disturbance in instinct life that is so prominently manifested in the chaotic outbursts of aggression and in the severe persistent autonomic crises.

We may therefore safely conclude that the trauma inflicts a blow upon certain completed and basic functions of the ego, and that this initiates definite inhibitions, blocking the instinctive energy normally expressed through these functions. Let us for the moment defer specifying the parts of the ego (the "*Instanzen*") between which the conflict is waged, that is, whether the conflict is between id and body-ego, or between body-ego and outer world. We may say at this point that this

conflict can be circumvented either by the reinstatement of infantile methods of dealing with the outer world; or by throwing out of the ego certain introjected portions of the outer world as in the paralyses; or by periodic regressions and systematic reconstructions of the ego; or finally by the retention of a series of inhibitions. The functions obliterated are executed by the sensory, motor, and cognitive apparatus. The "regressions" prove to be not as economical for the entire ego as those in the compulsion neurosis or schizophrenia; the instinctive energy that is blocked has apparently little capacity for ideational representation, and substitutive gratification is more difficult to establish. Lower forms of mastery, such as oral mastery or uncoördinated aggression, can only be instituted periodically.

Whereas it is relatively easy to recognize the inhibitions of the sensory-motor-apperceptive apparatus, the disturbances in the autonomic system consequent upon the trauma are more difficult to follow, although we can follow the process to a point where the decompensation results in metabolic changes, as in the case of Graves' disease.

Thus in the traumatic neurosis we have a series of reaction types, all varying quantitatively, one of which terminates in epileptiform phenomena. In this paper we are dealing with the *epileptic pattern of reaction* and not with clinical epilepsy. We recognize that "epilepsy" is not a clinical entity but a symptom, and that its clinical manifestations vary with each individual case. In cases 2 and 3 we presented two individuals, one with an epileptic *Anlage* (3) and one without (2). The resulting neuroses differ in one respect only. Case 3 was much more successful in turning his aggression to the outer world and to love objects, with a consequent heightening of his sense of guilt. This may be due to two circumstances,—that the disturbance in ego function is much older, and that the aggression detached from its customary channels came under the influence of the super-ego.

We must therefore consider whether in genuine epilepsy

there are any more data as to what happens when certain functions of the ego are incapacitated by an interference with their somatic basis by an organic lesion, in contradistinction to the traumatic neurosis, where the interference seems to be a protective inhibition of the psychic portion of these functions. To survey the literature on epilepsy would in itself require a volume. We can only review the most important contributions which touch on our own investigations.

Most epileptologists assume that there is an organic basis for epilepsy, though neuropathologists have failed to find constant or specific pathological changes. This negative finding is of vast importance. If a great variety of lesions can produce the same type of reaction, the reaction must be a general one of the entire organism and not due merely to local disturbance, whether circulatory (including, of course, the spino-meningeal fluid), plastic, or metabolic. Neurologists have concentrated most of their attention on the neural paths of the discharge phenomena. The four types of theory held by them are:¹ (a) that the reaction is due to a summation of *irritations*, a theory based on the Jacksonian syndrome; (b) the *release* theory, based on the analogy with decerebrate rigidity, that the inhibitory influence of the cortex is removed (K. Wilson); (c) the "*short circuit*" theory, which holds that the explosive effect is due to localized interruption of association fibres in the central nervous system; and (d) the *metabolic* theory, which asserts that the seat of the decompensation is in the cells and is due to anoxemia, alkalosis, or anaphylaxis (Frisch). In addition, there is Muskens' theory that the epileptic attack is an elaboration of the myoclonic reflex.

The clinical pathologist brings no new methods to epilepsy. Those he uses are transplantations from internal medicine. His procedures are therefore purely empirical. The findings are not constant, nor do they have any recognizable relation to each other. Findings like alkalosis or changes in salt metabolism in no way constitute direct indicators of the

¹ Lennox and Cobb: *Epilepsy*. Baltimore: Williams and Wilkins Co., 1928.

pathology and are a dubious basis for anything but symptomatic treatment.

The status of epilepsy in clinical psychiatry is rather ill-defined. As a nosological entity it is isolated, and efforts to establish relationships, or enlarge the concept of what constitutes an epileptiform reaction are based entirely on descriptive resemblances. Vagus attacks and migraine on the one hand, and on the other, contractions of consciousness due apparently to emotional disturbances, have been considered epileptiform manifestations. (Kleist, Jelliffe, Bonhoeffer, Bratz.)

A psychological approach to epilepsy is justified nevertheless not only if we grant the possibility of its organic nature, but even if we accept as a premise that it is determined by organic, i.e., plastic or metabolic, changes in the central nervous system. This premise of organic determination does not explain the effects of the condition on the personality as a whole, nor does it cast any light on those crises which unquestionably arise from purely psychic stimuli. Furthermore, even if we assume that the basic factor is organic, we cannot use this fact to account for the changes brought about in the individual's adaptation in any *direct* manner. If a defect is present at birth, we have a right to assume that it will greatly influence the entire development of the personality. An organic defect in the light of psychology can only be regarded as a special form of interference with certain executive weapons of the ego. In the traumatic neurosis we have demonstrated that the use of these weapons may be inhibited by purely psychic factors. But even an *organic* lesion must have certain definite characteristics before it can give rise to epileptic symptoms. The epileptologists agree (see Frisch) that it must be located in certain convulseogenic areas.

It is a well established fact that not all organic lesions of the central nervous system give rise to epileptic symptoms. We can therefore accept the organic as a basis of essential epilepsies, but we must evaluate it as only one type of interference with the executive functions of the ego. Such inter-

ference, owing to the peculiar interplay between anatomical structure, the uses to which it is put, and the instinctive drives it satisfies, may be of a purely psychic fabric. This can be proved by the empirical result of therapy on post-traumatic epilepsies. Such interference, organic or psychic, cannot but make a severe disturbance in the instinct life of the individual.

The psychoanalytic literature on epilepsy suggests various avenues of approach. The formulations of Clark are based on the Freudian conception of schizophrenia. The special characteristics of the epileptic which, he asserts, antedate the seizures themselves and may be present from birth, he designates as "epileptic narcissism,"—"an excessive reaction formation against all previous traumas, birth, breast, bottle, diaper, etc." The seizure itself is a regression to "metroerotism," its economic purpose the repair of the damage done by the trauma.

These formulations say nothing that is essentially untrue; their defect lies in the fact that they dress descriptive psychiatry in psychoanalytic terminology. A dynamic relationship between the so-called "epileptic character" and the theory of narcissism is nowhere demonstrated. The path of regression is nowhere described and one is obliged to ask the question why one narcissistic regression should lead to a schizophrenia, and another to an epileptic reaction.

Stekel's work on epilepsy contains some very important contributions. The content of the epileptic seizure, he finds, may be a crime, a forbidden sexual act, a punishment by God (and thus a symbol for death), or a repetition of the act of being born. Stekel notes the importance of infantile traumata for the development of the epileptic reaction; the epilepsy forms successive protective layers about them. He lays great stress on the aggressiveness of the epileptic, the tendency to rage, hatred and violence, combined with a heightened feeling of guilt and reaction formations against these tendencies—the excessively affectionate platitudes and religious affectations. If the epileptic relives a traumatic event in a spell, the spell becomes more pleasurable. Stekel makes an effort to account for the

disposition of the aggressiveness, but fails to give any account of its origin. It is therefore part of the "character."

Schilder's work is a decided departure from that of Stekel and Clark. He is of the opinion that epilepsy is an organically determined syndrome. In his studies on post-epileptic twilight states he notes that the fantasies deal with ideas of destruction and rebirth, the latter being bound up with crude sexual formulations. These fantasies may be projected in the manner characteristic of schizophrenia, as a *Weltuntergang*. Schilder notes a compulsion to activity, a subjective maniacal experience at the end of the twilight state. He places a different construction on his observations than do Clark and Stekel; the content is interpreted as a representation or projection of those biological changes associated with the experience of the seizure itself.

Furthermore Schilder¹ notes the marked apperceptive disturbance in these twilight states. This he interprets as an effort for a more complete understanding of the outer world. In the twilight states libido has been withdrawn from portions of the perception ego. He sees in epilepsy a return of the confluence of body and world. There is a persistent wish to have done with the outer world altogether, a tendency checked by the libidinal ties to it. He notes the perservative tendencies. The bigotry and righteousness are reaction formations against the desire to overwhelm the world. The speech disturbances are like the aphasias; the word withdraws itself not only as word idea, but as word form. The epileptic's social life guided by the ego ideal is patterned on the relations of the ego to the external world. This ego ideal is fortified with narcissism.

Freud has said comparatively little about epilepsy. In *The Ego and the Id* he has one sentence:² "We perceive that for purposes of discharge the instinct of destruction is habitually enlisted in the service of Eros; we suspect that the epileptic

¹ Schilder, P.: *Entwurf einer Psychiatrie auf psychoanalytischer Grundlage*, 1925.

² English trans. by Joan Riviere, p. 56.

fit is a product and sign of instinctual de-fusion; and we come to understand that de-fusion and marked emergence of the death instinct are among the most noteworthy effects of many severe neuroses, e.g., obsessional neurosis."

In *Dostojewsky und die Vaterötung*¹ Freud deals with the criminality of the epileptic. Dostoievsky's choice of material is an indication of his criminality. His destructive tendencies are turned upon himself in the form of masochism and *guilt*. Freud is of the opinion that epilepsy may arise from somatic conditions and from psychic ones, such as *fright*. The mechanism of abnormal instinct discharge may arise by a disturbance in brain function, or from an inadequate mastery of psychic economy. In both types of origin he sees the similarity of the underlying mechanism of instinct discharge (*Triebabfuhr*). Freud believes the epileptic reaction to be the expression of a neurosis whose characteristic it is to discharge through somatic channels masses of excitation which cannot be mastered in a psychic way.

Freud in this article shows us how the epilepsy is brought into relation with the oedipus complex, how its content (death) is a punishment for the fantasied murder of the father, and how, in the case of Dostoievsky, the epileptic satisfies his guilt by a persistent and ineluctable masochism. These observations can be verified on any epileptic.

The uses to which the epileptic puts his symptoms does not however solve the problem of their highly specific character; nor does it tell us why he has his epilepsy and not a compulsion neurosis or schizophrenia. We cannot be dealing merely with the quantitative problem, namely, that the aggression in epilepsy is greater than in compulsion neurosis. The epileptic manifestations are brought into closest relation with every aspect of the psychic life of the subject, and from this we must assume that the epileptic basis was present during the time these constellations were formed, and in all likelihood influenced their particular character. We can bring evidence from

¹ *Almanach der Psa.*, 1930.

the traumatic neurosis to bear on this question. The "epileptic character" is acquired by patients with this neurosis after the trauma; the trauma struck a completed organism, and there was no time to weave it into all the libidinal relations with the world. The aggressiveness of the person with a traumatic neurosis has the same fabric as that of the epileptic; but for all that, we do not see it turned on to love objects or transformed into masochism and guilt. In the traumatic neurosis this aggression has not come under the influence of the super-ego. In this neurosis moreover we were led to believe that the apparently enormous increase in aggression was related to the impairment in ego functions which have lost their usefulness. Here, we believe, an application of Freud's theory of fusion and defusion of instincts may clarify our problem.

Whereas the libido theory accounts for much of the general pathology of epilepsy, it is the special pathology that gives it its specific character. This special epileptic pathology we can trace to defects in the development of ego functions, defects which are woven into the total influence distorting the course of libido development. We must therefore be prepared to see the content of epilepsy in a light somewhat different from that to which we are accustomed in compulsion neurosis. We must account for the origin of the aggression, and think of the narcissistic regression as an effort to heal the breach in the basic decompensation. Unless we do so, we must remain content with such concepts as "epileptic narcissism," and "organ libido stasis," and must accept the egoism, hypersensitivity, vulnerability, and aggressiveness as purely descriptive and arbitrary characteristics.

The following case is one that affords us an opportunity to study the basic defects in the adaptation of the epileptic prior to the situation that provoked the first seizure:

CASE 4. (*A. R.*) The patient suffered from seizures, both grand mal and petit mal. She was thirteen years old, well developed for her age and had no physical defects.

She was the fourth child of a family of five, all the others being entirely

well. Her family history was negative. Her mother was quite confident that ever since infancy the patient had shown herself to be different from her other four sisters. Although the mother had borne five children, she had suffered during the gestation period with none but the patient, when she had had a mild toxæmia of pregnancy, with gastric symptoms, general irritability and "nervousness." This pregnancy occurred, moreover, during a time of considerable external stress, for her husband had been out of work for a long time.

Labor was not difficult, delivery was without instrumentation. The patient was not breast-fed at all but bottle-fed for a long while. Weaning was exceedingly difficult and effected completely only at three and a half years of age, the last six months of which were occupied with rubber nipple sucking. The patient was an exceedingly active child, constantly moving, fidgety, and very early in life showed a tendency to violence first in the form of biting and later of striking and beating any offender. She was also exceedingly mischievous and destructive. One of her favorite pastimes was boring holes into the plaster of the walls.

She began to talk at six months and walked at eleven months. During the first years of her life she had great difficulty with her diet. She suffered from colic and constipation persistently for years. She never had convulsions in infancy or early childhood in connection with colic or teething. Control of sphincters was attained with no great difficulty. Her intelligence was good, in fact, precocious.

Of her character prior to the onset of her illness the patient's mother states that since early in life she had shown traits which persisted in a more intense form. She was very restless and showed over-activity of the entire muscular system, which her mother believed was responsible for her frequent falls from high chairs and hammocks. At six months she had fallen from a considerable height and was speechless for a long time. Such falls were frequent. Her mother noted no such proclivity for falling in any of her other four children. In sleep as well as in her waking hours, she was restless.

She had always been an exceedingly jealous, fighting, sensitive and selfish child, and extraordinarily fearful of physical pain. The sight of the merest scratch, pin prick or stick of a knife or needle would evoke extreme pallor and trembling, and recovery was slow. She was a very pugnacious child, who found it difficult to forgive or forget anger and muscular violence. She was very restless and fidgety and was particularly exacting about neatness and cleanliness of clothes. In her games she always had to be the winner and could not tolerate being pronounced wrong on any occasion. She was not, however, the kind of child who ran to mother to have her wrongs righted; she was not as dependent on maternal affection as other children. Tantrums and violent tempers were frequent on insufficient provocation.

The circumstances under which her illness appeared were as follows: One year prior to her first visit to me she was subjected to what will readily be conceded was a traumatic event. One of her friends owned a female bulldog who often used to play with the children. One day in October, 1924, the patient was playing with the friend who owned the dog who in fun "sicced"

the dog on the patient. Frightened, and with the dog barking at her heels, she ran through the hallway of her house, up four flights of stairs and down again, and all out of breath landed in her apartment in a state of collapse, pale, palpitating and speechless. Her mother investigated the incident and learned that the dog was a friendly dog, who had probably been excited by the patient's running away.

Immediately after, the patient began to show signs of a disturbed state of mind. Her sleep was interrupted by distressing dreams of being chased by a mad dog, from which she would often awake continuing the dream in the form of a hallucination. She would wake the household with her loud screams. The content of these dreams changed. Sometimes someone was going to steal her, "I was going to die," "Terrible things were happening to me." Sometimes she hallucinated dogs at night. During the daytime she feared dogs, but she did not flee from them. She trembled on seeing them.

The mental disturbance immediately following the traumatic event continued, and within three or four days after the fright she fell into a swoon without movement or convulsions. From that time until August 1925, she was subject to petit mal attacks to the extent of five to ten a week. In August 1925, she began to have grand mal seizures, all nocturnal, about two or three weekly. The grand mal attacks came in clusters, with long remissions.

The character and behavior changes which ensued with the onset of the petit mal attacks were exaggerations of traits which had existed prior to the trauma, but which now took on a vicious and more intense form. The terrifying dreams continued with the same content. As a result, she developed a defensive insomnia which kept her awake three to four hours after bedtime. When she slept, she was very restless, tossing and kicking, easily awakened. Occasionally she would remember the dreams preceding the grand mal attack; they were of the usual terrifying character. She became exceedingly sensitive to sudden stimuli. A loud noise, unanticipated, would shock her; someone calling her name suddenly or touching her from behind had the same effect. Changes of bodily position, such as bending down and getting up, or getting up from a reclining position, were accompanied by dizziness. Vision was often blurred in transitory fashion. (This was subsequently learned to be a self-induced state, accomplished either by voluntary pressure on the eyeballs or by burying her head in a pillow getting up.) This illustrates the principle of the utilization of a handicap for the premium of pleasure. It always took her a little while to acclimate herself to her surroundings immediately after waking up. Looking persistently at an object would often make her dizzy or induce diplopia. Her dizziness she described as "seeing waves on her side." This meant that the objects looked at had a wavy motion, particularly on the outer rim of her visual field. Looking persistently at a light made the light grow progressively larger.

In addition to this state of irritability to external stimuli in the environment her motor reactions became more intense, but not directed toward any special stimulus. She was constantly fidgeting, crossing her legs, uncrossing them, biting her nails, shifting her position, standing or lying down, moving her hands, tapping, swinging her legs, knocking them against each other, etc.

Her temper grew progressively worse and the tendency to motor expression in the form of shouting or striking grew more pronounced. She became more quarrelsome and selfish, and unable to admit herself in the wrong or to admit a fault.

Her mother noted a most important change in her character. "*A. . . .* was much more grown up before the fright than she has been at any time since." Until the fright she had been interested in school work, was able to concentrate and to learn everything easily, except arithmetic. After the fright and the ensuing epileptic symptoms, there was a distinct reversion to earlier types of interest. She gave up learning, both her school work and the piano, and reverted to activities discontinued two years previously, such as playing with dolls, jacks, and checkers. These now became her chief interests. She was always distracted, and her attention was difficult to engage. Fairy tales were her preference rather than books of adventure or romance.

In regard to the petit mal attacks and their provocation, the following history was obtained from the patient and her mother. They often recurred without special provocation and without special relation to the current circumstance or her reaction to it. However, the petit mal attacks were apparently more frequent when she became distracted, and when her attention was disengaged from external situations. Concerning spells of this character, no amount of questioning could elicit any indication of the nature of the thoughts or fantasies that initiated the attack. Usually she would have no recollection of having had one.

She was, however, able to recall petit mal attacks which seemed to be responses to a given external stimulus. Persistent efforts of attention would often result in an attack or in an abortive attack indicated merely by a transient dizziness, and a sickening, nauseous sensation in the abdomen, followed by belching. More often the spell would occur apparently as a reaction of inadequate motor discharge and mental elaboration (transferability) of an emotion. The most common occasion was anger. She would often pass from a state of intense anger into a petit mal attack, preceded by dizziness. During the spell she would be completely impervious to external stimuli, her limbs would stiffen slightly, her hand usually would turn to the left automatically, and her eyes become glazed in a stare. After a few seconds of this she would be dazed for about a minute or two and usually lose the trend of what engaged her attention prior to the spell. During these moments she was extremely uncomfortable, restless, yawning abundantly for one or two minutes. The following incident was the occasion of a petit mal attack. She was always particularly exacting about how her dresses should fit. One morning the sash of her dress was tied in front, where it rubbed against her knees as she walked. This irritated her exceedingly, and she told her mother about it, and her mother suggested that she should tie the sash in back. The child insisted that it should be tied on the side. Her mother opposed her wish. She became angry and had a petit mal, forgetting all about the sash. When I questioned her, she said she had become very angry and wanted to hit her mother, "but instead of hitting her I got a spell."

After I had learned something about the situations which provoked the

petit mal attacks, I deliberately set about to create such a situation artificially through the use of her transference to me. An occasion presented itself one day. She was asked to tell me what had occupied her during the two days intervening between visits. She told a very casual story of eating, sleeping and playing. Her mother indicated to me that she had omitted some important event of the last few days. *A.* . . . persistently denied that anything else had occurred. Her mother then volunteered that *A.* . . . had had a violent quarrel with another girl somewhat older than herself. When asked why she omitted this incident from her account, she said that she knew it was wrong to quarrel. She then said that she was marking up the flagstones in front of her house with chalk, when the janitor's daughter, fourteen years old, came out and ordered her to stop. *A.* . . . insisted for one reason or another that she was justified in continuing her game. I decided on this occasion to scold her soundly, telling her that she was in the wrong, that the other girl was right in making her stop the game, that she ought to know better, and the like. All this was said in an angry tone. She lay on the couch speechless, and forthwith had a petit mal attack, out of which she came making grimaces at her mother, evidently completing her vengeance upon her for telling me about the unfortunate incident. After she had sufficiently recovered from her petit mal, I apprised her of what had happened and asked her to tell me what passed through her mind as I scolded her. To this she could not reply, except that she "didn't feel very good," and no amount of encouragement would induce her to abreact upon me any of the anger that she had tried to repress. However, the events of the day which followed indicated that my scolding had made a profound impression upon her. Two days later her mother came with two bits of news: the first was that during the past two days *A.* . . . had been better behaved, less irritable and quarrelsome, and more obliging than at any time in years; the second was that she had had many petit mal attacks and two grand mal attacks, and that she woke out of the last one the morning of the visit, complaining bitterly to her father about me. She told him how rude and cruel I had been to her and justified her conduct to him.

I then explained to her that I had scolded her deliberately with the end in view to teach her why she had these petit mal and grand mal attacks, that I wanted to teach her other ways of reacting and called her epilepsy by the name of a "bad habit." I assured her of my deep interest in her and that I was wholly bent on doing for her what was best. With this reassurance, she proceeded more willingly to tell me of her feelings towards me during the past few days.

At first she was rather timid, and stated that when I had scolded her "she didn't feel so good"; then she remarked that she couldn't forget my angry voice for a long while, that she had thought about it and been angry at me all day and had fantasized beating me. When asked why she had not called me the names she subsequently thought of, and why she did not actually beat me, she replied that she could not possibly do that, that at the time she could not think. She was evidently dazed by my rebuke and took refuge in her petit mal. After this reassurance she left in a friendly mood, after communicating to me many things she had previously tried to without being able to bring to mind.

Her grand mal attacks were all nocturnal and took place in the hours between 5 A. M. and 7 A. M., most of them at about ten minutes of 5 A. M., a time corresponding with the milkman's rounds. There would be a generalized convulsion, with frothing and tongue-biting but no relaxation of sphincters, followed by marked dyspnoea and choking sensations. During the early weeks of treatment it was impossible to learn what circumstances preceded the grand mal attacks. But after her reactions were better understood one could predict with fair certainty the kind of external events to which her reactions were inadequate and which would probably result in a grand mal attack.

I have described generally her extreme intolerance of physical hurt and general chaotic response to all sensory stimuli which were stronger than customary. This characteristic had many elaborations and could readily be identified in certain transference reactions. While she was attending school, the authorities submitted all children to the Schick test which, as we know, involves being pricked by a needle. She carried on violently while it was done and returned from school quite ill.

She had several severe spells following this. From her reactions it could readily be seen that she could react the same way to an injury to another person with whom she could narcissistically identify. Although the patient had had no grand mal attack in three weeks, it was safe to predict on this occasion that it would provoke an attack.

She was told by one of her playmates that one of her friends, a boy of fourteen, had been run over by an automobile. She became obsessed with the description of how it happened, could not sleep at night, and saw me the next day in quite a disturbed frame of mind. She could only say that she pictured the injured boy in bed and the shock to his mother, and that when she heard the news she became sick in her stomach, saw double, grew dizzy, but did not faint. No urging could get more out of her. She did not cry or look sad or depressed. She had a grand mal attack during that same night and a petit mal attack while telling me her story.

A feature of her mental life which soon made itself felt was the peculiar character of her fantasy life. It was not very rich or elaborate; her interests and fantasies were rather stereotyped. Of the moving pictures that she saw she remembered chiefly fighting, accidents, collisions, battles, and the like, although she often referred in a perfunctory manner to the hero and heroine. She still read fairy tales persistently, and though she spoke of the prince and princess and the happy ending, she was a great deal more interested in the snakes, dragons, witches, spooks, pygmies and funny faces. In fact, fantasizing about "funny faces" was one of her favorite pastimes. During her sleepless rests in bed she would evoke these fantasies of horror, unaccompanied by fear or anxiety, until she fell asleep. "I can't sleep until after I see them, and then I turn over and dream about them." These fantasy activities were of the same nature as the repetitive dreams of the traumatic. They followed the pattern of actively overcoming a trauma that was first passively experienced, a reaction characteristic of the infantile method of overcoming traumatic experiences (birth trauma).

Another favorite activity was to press her eyeballs with her fingers for a while, then look up to see the objects in the room blurred or double. She

often did this before she went to sleep. She did it once in my presence, while I was talking to her mother. She interrupted the conversation to tell me of her sensations, her face pallid with an expression of mingled fear and delight. This sensation is undoubtedly related to the petit mal attacks. It likewise belongs to the infantile pattern of making the best of a lower plane of adaptation—to describe pure stimulus pleasure at the expense of deleting the meaning and libidinal value of the objects seen.

After the disease had lasted about two years, the patient became more and more subject to clouded states and finally died in status epilepticus.

The features I wish to emphasize in this case are those which it has in common with the traumatic neurosis. The disease received its final form in the petit and grand mal attacks on the occasion of a fright. The patient had dreams which repeated the trauma or variations of it. She had an "epileptic character" before the trauma, to be sure, which became especially marked after it. The irritability was marked, the chaotic response to painful stimuli was also noticeable. She showed a complete incapacity to have done with the trauma. There was marked hypermotility and destructiveness since earliest childhood, extreme aggressiveness and pugnacity and a flight into the spell when she failed to get adequate expression for them. The regression of interest is likewise significant.

But this patient showed a trait which must be emphasized. In many of her activities she attempted to turn her disease symptoms to good account by endowing them with a highly libidinized interest. These activities were:

- (1) The spontaneous and voluntary production of dazed and blurred vision, in imitation of her vertigo; her pleasure was obvious.
- (2) The use of purposeless movements of the hands and legs for pleasurable purposes.
- (3) The indulgence in masochistic fantasies and the emphasis on the ugly, hideous and harmful.

The relation of the trauma to the patient's disease and dream life showed a striking resemblance to that described for the traumatic neurosis. Her reaction to the trauma, however, was an exaggeration of a reaction which had previously char-

acterized her adaptation. As her history shows, her adaptation had been, as it were, a series of responses to little traumata. The recurrent dreams show her to be more fixated on one trauma—the fright of the dog—than on any other. Dreams of this type occur in early epilepsies without any known precipitating trauma; in fact annihilation dreams (or aggression dreams, the two being identical psychologically) are not specific to epilepsy or traumatic neurosis. I have cited a case of fractured skull and a case of arteriosclerosis in which these dreams occurred.

The following case illustrates the dreams of an epileptic whose illness was of three weeks duration at the time, and in whom annihilation dreams preceded the first seizure by several months:

CASE 5. The patient was twenty-one years old, a nurse, the fourth of seven children. Her family history was negative. Her childhood was uneventful; she had had the usual diseases with no untoward effects. She had had no difficulty at weaning or in controlling her sphincters in childhood. There was no history of severe gastro-intestinal disturbances in childhood. She had been a mischievous, headstrong, obstinate child, always disagreeable and always insistent on having her own way. She bore disappointments poorly. She had no infantile phobias and was not especially timid. As she grew up, she became rather high-tempered, easily excited, readily angered and prone to motor expression of anger. She was rather envious in nature and not religious. She remembers no fright or trauma in childhood. She stood physical illness well. She particularly worried about family and economic affairs. In reference to her sex life, she denied masturbation, fantasies or sex experiences of any kind. She was not attracted to the opposite sex, but maintained friendly relations with a young man during the few years previous.

Her first symptoms began at nineteen with spells of vertigo coming on at various times, apparently with no relation to external events. Her menstrual periods became especially difficult to her. She had severe unilateral migrainous headaches and shooting pains in her head, lasting fifteen to twenty minutes. Her stomach was "out of order" for some time preceding her spells. She had attacks of palpitation without anxiety. She had felt generally "stiffer" for some time and had hallucinatory paraesthesiae, especially tingling of the tongue and heaviness of the lower jaw.

For the two months before I saw her she had felt vaguely unwell, with a sense that things were unusually difficult for her, although there was no change in any particular aspect of her life. She knew of no external nor internal conflicts.

Sleep had become more difficult in the months prior to her visit to me;

it was especially difficult to fall asleep. She had always been a prolific dreamer but could not remember her dreams. For several months she had been having nightmares dealing with annihilation. "I was out with a friend swimming. I began to drown. I cried for help and awoke frightened." The content of other dreams was of robberies, murders, and of those closest to her being killed. Her brother, to whom she was much attached, was constantly being killed in her dreams. Some time before the first spell she dreamed that she was tied to a stake and being beaten. From these dreams she would awaken crying and could not fall asleep again; then she would dream the same dream over again, or would begin dreaming where she left off. Three weeks prior to her visit, while in a theatre with a friend, she "didn't feel right." She began to shake and felt dizzy. She walked out, stood in the lobby for a few minutes, and then fell into a heap. There were short tonic and clonic stages. She had seven attacks since, none preceded by an aura besides vertigo, with an abrupt loss of consciousness lasting fifteen to twenty minutes. She comes out of a spell disoriented and dazed. Objects near her "move about", things appear double, "the place does not look the same", "I don't recognize myself or the place I'm in." On one occasion she had three spells within as many hours. A deep sleep of several hours duration follows a spell.

Her disturbing dreams continued, "I went to the beach and went out too far. I cried for help, but I couldn't get any. I awoke frightened." Her parästhesias have continued especially in the right hand. Parts of her body felt "numb and dead." She was very easily fatigued and tended to become stiff all over if she sat quietly. She was restless, easily frightened by noise, and apprehensive when she saw a person or an animal hurt or injured. Her vertigo was vestibular and kinæsthetic: "I don't feel my body. I feel as if I were walking on clouds or left hanging in the air." She described a queer spasm of the mouth. There were no petit mal attacks, and no break in thought continuity. She became more irritable and cranky, intolerant of noise, and awakened by the slightest stir in the house. The periodicity of her attacks was quite obvious. All attacks or groups of attacks came exactly a week apart. There were no displacement in phobias. Her anxiety related to her illness, for she believed the prognosis of epilepsy to be bad.

In contrast to this case let me refer to a patient with conversion hysteria who had recurrent fainting attacks based on a father identification. Her father had suddenly died of cardiac disease ten years before. A marked mother attachment displaced on to her sister was the motive for the identification with her father. She had no convulsion, but lost consciousness abruptly with a constant aura of shooting pain about the heart. She had a hypochondriacal phobia of heart disease. There were no disturbing dreams, no irritability, no outbursts of temper, no autonomic disturbances or parästhesias, and no sensitiveness to noise. She would awaken from her spell tired but not dazed or disoriented, and she did not sleep after it. The faint represented a definite libidinal urge and object attachment. It had no resemblance to epilepsy in any way.

The material given up to this point permits us to state our problem more concretely. Such a statement will help us

formulate the direction in which we must look for a theoretical reconstruction.

The reactions to traumatic experience have shown us that in a certain number of well defined clinical pictures the damage is inflicted upon certain basic ego functions which, as a result of the trauma, become protectively inhibited. This protective inhibition is as characteristic of somatic portions of the ego (fractured limb) as of cathectic processes (repression) that are put out by the ego. The traumatic neuroses demonstrate the *elementary* forms of these contractile processes together with the disturbances in instinct discharge they create and the efforts at restitution. In the traumatic neurosis this injury is still fresh, i.e., there has as yet been no time in which its effects can influence the remaining aspects of the ego; the trauma strikes an already completed organism.

The principle of the traumatic neurosis can be traced from minor traumata to the more severe, as in the case of a fractured skull. The repetitive dreams, irritability, etc., are always present. The resulting inhibition may be localized and involve a circumscribed action (e.g., horseback riding) or it may be more general and include the functions of the ego involved in the more highly integrated sensory-motor-apperceptive formulas. The contractions may involve not only specific action integrations, but entire functional units (sensory or motor organs), and in the epileptiform reactions, the entire sensorium. These inhibitions have certain secondary effects; the autonomic system may remain the avenue of discharge—or in the epileptic reaction, the voluntary muscular system—without, however, being regulated or modified by the sensorium. Secondly, the instinctive energy thus inhibited is discharged in disorganized aggression in the intervals between the seizures.

From the point of view of dynamics the epileptic reaction is not so isolated. In epilepsy we have the most extreme of these contractile reactions, which we may consider a specific form of repression. But the interference with function in epilepsy has two distinctive characteristics: (a) it is probably organic in nature, and (b) it is much older than in traumatic neurosis,

and has had an opportunity to influence the development of the entire personality and of the libido. Moreover in epilepsy the aggression has been subject to secondary efforts at binding, either through the influence of the super-ego (guilt-masochism) or sublimation (Dostoevsky).

Before we can proceed to a metapsychological formulation of epilepsy and the traumatic neurosis, we must study the development of those functions of the ego which are affected in these two disorders. We can divide our study into two parts: (1) the morphological aspect of these functions, and (2) their instinctual composition.

3. Development of Ego Functions; Morphological Aspects.

Uexküll¹ considers the behavior of organized protoplasm from the point of view of (1) an outer world, (2) an inner world, and (3) a boundary between the two (*Gegenwelt*). This latter we can designate as the ego. The ego serves as a mediator between internal needs or tensions and external conditions. It is moulded to coincide with both; centrally it has the imprint of the inner world, peripherally it is moulded by external conditions. According to Uexküll the objective of living organisms may be defined as "the wish to remove all objects in the outer world from the effective environment." This it does in the lower forms by (1) appropriation, and (2) extermination or flight.

All organs located at the periphery of the organism have as their function this task. The drive of evolution is a centrifugal force; it moulds the periphery of the ego in such a way as to satisfy certain internal tensions but without surrendering their conservative and isolating tendency. Uexküll says that the eye with its special functions only serves to give the animal new points of contact. The function of the organ is to make contacts with the outer world, yet it depends upon these very contacts to remain secure and untroubled in the outer world; these contactive functions build a strong partition which sur-

¹ Uexküll, J. von: *Umwelt und Innenwelt der Tiere*, 1921.

rounds the animal like the walls of a self-built house and serves to keep the outer world out.

At the very outset therefore the organs are themselves precipitates of a two-fold tendency: (a) to approximate, (b) to isolate. Freud in *Beyond the Pleasure Principle* also remarks that the function of sense organs is not so much to receive stimuli as to keep them out. It must however be remembered that in the case of completed organs the centrifugal drive that gave them origin by no means ceases to operate after the organ is completed. The organ acts only as a mediator to insure the exchange of specific qualities between inner and outer worlds.

The more highly differentiated the animal, the more varied are the qualities of the outer world with which it can make contact, and the more localized is the isolation that can be effected. The entire organism need not participate in every process of isolation. As a result of this specialization there is a certain gain in plasticity. But there is also a disadvantage—the qualities that perceptors can carry become highly specific, and are not interchangeable. The principle of bilateral structure in some way compensates for the loss of plasticity involved in making specific organs carriers of specific qualities and executives of specific functions. The loss of one kidney makes the other hypertrophy, to be sure, yet the other kidney is still a kidney, even if a larger one. This is no evidence of displacability of bound energy. Loss of both kidneys means death.

At birth the individual brings with him an organic precipitate of the results of evolution in the form of organs, some of whose functions are only potential, others complete. The completed organs are the basic vital organs—circulatory and metabolic. The incomplete organs are the sensory, motor and apperceptive organs. To these latter are added a personal counterpart that has a psychic character, coincident with the development of the pyramidal tracts.

Let us first consider certain of the basic anatomical characteristics of the newborn. The newborn has a characteristic physique, made up largely of torso and head. The extremities

are negligible. The splanchnic area takes up the bulk of the circulation; one can say that *splanchnic congestion is the normal state of the newborn*. As the extremities become more important they grow with a rapidity that is out of proportion to the torso and head. It is a remarkable clinical fact that in the condition of shock—surgical or psychic—the state of infantile circulation is restored. The blood, being a liquid organ, has preserved amoeboid and contractile qualities.

A second anatomical characteristic is the retardation in the process of myelinization in the human being, the pyramidal tracts not being completely myelinized until the eighteenth to twenty-fourth month of life. This anatomical characteristic is of vast importance in the adaptive capacities of the human being; it greatly enhances the delicacy and manifoldness of the adaptive processes. More important is the fact that the human ego at birth is truly fragmented; and that completion of myelinization is effected in association with a *psychic counterpart of an entirely personal nature*. The basic ego functions, on which the animal depends for maintaining its integrity in the environment, are built up by a confluence of psychic and somatic factors. The momentum of phylogeny is modified and directed by actual contact with the environment. The functions of orientation, perception, posture, expressive movement and all intellectual functions become finally effective with the completion of myelinization.¹

Naturally the phylogenetic portion will be most resistive to insults; it has no psychic counterpart; but beginning *at birth* the completion of the functions of the executive portions of the ego are associated with a personal and psychic counterpart, which renders these functions vulnerable not only from the side of the organic substratum, but from purely psychic factors. Those animals in whom the process of myelinization is completed shortly after birth have few adaptation possibilities, and little capacity for development.

¹ See Monakow: *Gefühl, Gesittung und Gehirn. Arbeiten aus den Anat. Inst.*, p. 166, 1916.

A third physiological characteristic needs mention. According to Koffka and Bühler,¹ the movements of the infant are slow, like those of an adult half rigid with cold. The muscle of the infant is less irritable, requiring stronger current than in the adult to produce a response. Contraction is slow, and therefore more susceptible to tetany. To induce tetany the adult requires seventy to eighty stimuli per minute, the infant fifteen to eighteen. These facts have much to do with the readiness with which the infant fatigues and his need for prolonged sleep of twenty hours a day.

Let us consider some of the reactions of the newborn to stimuli from the outer world. There are chiefly three (Bernfeld) : (1) those that promote continuation of the stimulus, (2) those that prevent continuation of the stimulus (e.g., closing of eyelids), and (3) purposeless discharge phenomena that exert no influence on the stimulus, as in the case of a loud noise.

The third type of reaction is the most interesting. It may be designated the *fright reaction*. Its importance lies, first, in the fact that most stimuli provoke it, and secondly, that stimuli which at first provoke fright reactions may subsequently be enjoyed.

The act of birth has permanently interfered with the capacity of the infant to keep apart from the world. Certain internal tensions which arise periodically force the infant to a periodic leaning to the outer world, as a result of which the state of rest is reproduced. The state of rest is easily disturbed by internal stimuli (hunger) and those from without (noise). If we consider the intrauterine state as a unit, we must note that the organization of the foetus is such that it suffices to keep it constantly free of tensions. After birth this organization no longer suffices. Certain instinctive tendencies (for example, sucking) are immediately available to reestablish the tensionless state, but for others (noise), no organized adaptation as yet exists. When such stimuli arise, they free a certain amount

¹ Quoted by Bernfeld: *Psychology of the Infant*. English trans. Rosetta Hurwitz, Kegan Paul, 1929.

of energy, which must be managed in some way that will not create a disturbing effect. If we designate the intrauterine state as "bound" then the end result of all adaptation is to reproduce this "bound" state. Thus when an infant is first frightened by a noise, and subsequently enjoys it, the stimulus ceases to have its disturbing effect. We designate this process as cathexis; and this type of cathexis consists in changing freed energy into a bound form. This process carries with it a gratifying element.

Let us follow the process in the case of one organ, the ear, which is of special interest to us. The ear is a passive organ; it cannot modify the stimulus as can the eye by any intrinsic apparatus. Noise produces fright reactions for a longer time than does the stimulation of any other sense organ. There are four stages in the reaction to noise: (1) a fright reaction with its uncoördinated response, (2) the attitude of fixed attention, (3) attention with evidence of pleasure, and (4) efforts to locate the stimulus (head movement).

In fright there is an evident imbalance between the stimulus and the effective cathexes, the defense against stimulus (*Reizschutz*) is broken with consequent discharge phenomena. Fright is a centripetal reaction.

The first evidence of cathexis is the act of attention, and this is the first step in the process by which a stimulus becomes a source of gratification. In the process of gratification we may also have discharge phenomena, e.g., laughter. The fright reaction persists as long as the result of the stimulus is pain. In short, cathexis can be bound only as the result of pleasurable experience.

What other means has the infant to escape painful experience? Certainly not repression. What happens is that the receiving organ, the sensorium, ceases for the time to function. As Bernfeld puts it, one can almost say the infant did not perceive the traumatic stimulus; it retreats from the stimulus by way of the organ that receives it. In other words, no infant could grow up in a world that remained persistently traumatic,

and did not yield gratification; trauma can only lead to inhibitions.

The objective of all instinctive tendencies as far as the outer world is concerned is to find sources of gratification and the objective of these cathectic processes may be called mastery. In between fright and mastery there is, of course, the auto-erotic phase of stimulus pleasure—seeing or hearing as a pleasure without reference to the source of the stimulus.¹

Purposeful motions involve certain elements, optical and kinæsthetic, and memories of previous satisfactions. Mastery begins when these elements are united in the interest of purpose. When a child reaches for an object that gave it pleasure, one portion of the elements that compose the action is psychic. This is associated with a motion melody of following and grasping the object. The entire process becomes automatized. The conditioned reflexologists have established by experiments with lower animals how these action formulas come into play and the conditions under which they are maintained. Of special importance in their work is the demonstration that any reflex can be established provided it leads to gratification; disappointment creates symptoms very like traumatic neurosis; under certain conditions when the specific reflex is inhibited the reactions are violent and explosive or induce stuporous cataleptic states. This they explain on a neurological basis as an "irradiation of an inhibition."

Every stimulus disturbs the bound state and every type of cathexis is a means of restoring it.

The first units of mastery are the *mouth* and the *hand* with the eye as an auxiliary organ. The stage of oral mastery is the first definitely recognizable. In this phase, perceptions and feelings from sense organs (erotogenic zones) have been brought into coördination under the domination of a central apparatus. This is the first evidence of an integrated ego. The hand is first used as an adjunct to oral activities. The next

¹ It is not necessary to give a summary of the admirable synthesis that Bernfeld (*op. cit.*) has made of the observations of child psychologists.

step is the development of the hand in the service of zones other than the oral one; it is used for making noise, tearing, crushing, kneading, scratching, plucking. In lower animals these activities are useful in determining which objects are edible.

The phase of oral mastery is commonly seen in traumatic epileptiform cases. One patient showed me how in the eight years of his illness he had filed down his incisors by chewing on objects during his twilight episodes.

In the establishment of mastery it must be remembered that only successful modes of behavior are taken up for higher synthesis, while others suffer extinction. When a pattern once successful suddenly proves disappointing, a severe state of imbalance is created. A gratifying end result becomes associated with certain sensory and kinæsthetic impressions of the motions necessary to its production. These all eventuate in a certain definite body-consciousness.

Freud, Ferenczi, and Bernfeld have described by what processes the original confluence of body and world is differentiated into self and "not-self." The ego hews the body out of the world, and it also throws part of the world out. In the first instance the ego is too small, it must take in things which first appear to belong to the world; for example, the toes. In the second instance, it must throw out of itself parts which at first seem to belong to the self, for example, the maternal breast. Disappointment naturally plays an important rôle in the process of delimitation of the ego. Once the body is separated from the outer world and the various parts subjected to central control, the rest is simply a question of more and more complicated combinations. After the establishment of equilibrium, the process of identification and the progressive growth of intelligence hasten the process materially.

By intelligence is meant logical thinking; it is the most important weapon of mastery that man possesses and along with the extraordinary dexterity of the human hand, makes a combination whose effectiveness is unparalleled in nature.

"Reason" or "intellect" in most languages is represented as a form of appropriation—grasp, comprehend, *Begriff*, *Vernunft*, *percipere*, *comprehendere*.¹ According to Bergson,² the intellect shows earmarks of derivations from an environment made of solid objects. Logical thinking is subject to the reality principle and is infinitely more plastic and modifiable through education than pleasure thinking. Logical thinking has its sphere of influence only in the conscious.

Among the most important functions of the intellect is its inhibitory function. Neurologists and reflexologists agree with psychoanalysts in considering the intellect as the chief inhibitory apparatus. Inhibition is not however synonymous with repression; repression is a mode of disposing of autochthonous instincts, but it is not effective in handling the offending or dangerous outer world.

The structure of normal ego feeling begins with a phylogenetic *Anlage* in the form of organic precipitates known as organs. This phylogenetic portion however is not enough either to adapt the individual to the new conditions of the environment or to furnish anything like the ego feeling associated with the completed body-scheme. This is obtained after the organism has been moulded to the environment by its purely individual experience. The increase in plasticity of the human being carries with it a greater vulnerability of the purely psychic portions of the neuro-psychic mechanism. This psychic portion may under certain conditions lead an independent existence, as we may see in two striking illustrations. The man whose leg has been cut off retains for some time a hallucinatory limb. The soldier with an artificial nose made of a skin flap from the arm, experiences a sensation in his arm when his nose is pricked with a pin.

Voluntary motion contains several well defined elements:³ (1) a visual picture of the executive portion of the body, (2) a

¹ Katz, David: *Der Aufbau der Tastwelt*. Barth, 1925.

² Bergson, H.: *Creative Evolution*.

³ Schilder, P.: *Das Körperschema*. Springer, 1923.

kinæsthetic element (which some authorities doubt), (3) visualization of the goal of the action, and (4) the idea of the successful completion of the act. The latter is an essential and indispensable part of the total act, and is the element or *locus* actually injured in the traumatic neuroses, as we see in the dreams of the traumatized or in exhausted states.

The relation of the internal environment to the body-ego is less capable of accurate definition. We know that the smooth muscle of the viscera is regulated by an independent nervous system, which, however, forms anastomoses with the skeletal system. The function of the autonomic system is to regulate the constant relationship of internal organs to each other, and to maintain the balance between external and internal world. The peripheral or skeletal nervous system has leadership in giving the requisite signals. The autonomic and endocrine systems have certain long term functions to perform (growth) and short term functions, (the distribution of tissue fluids from splanchnic to peripheral areas). The relation of the ego to the internal environment is subject to few changes throughout life. The internal environment is not perceived directly (except as the general unit "the insides"), but through sensations projected on to the body surface. Much of the internal environment is *mute*; the extent to which the larger glandular organs and the brain can be libidinized is uncertain. Broad functional units like "head end" or "insides" seem to be the main carriers of these libidinizations.

One function of the autonomic system must be stressed; it maintains a harmonious balance between external and internal worlds; it regulates internal conditions for inward motor activity, be it in response to work, danger, pleasure, or flight. It controls the amoeboid activity of the liquid organ—the blood. It must therefore be conceded that activity of this system cannot be directly inhibited, although that of the skeletal system can. Consequently it is possible to find an inert and inhibited skeletal system and an overactive autonomic system in the same individual.

4. The Effective Ego.

We have followed the development of the ego in its relations to the outer world sufficiently to know that the bound state in which the energy of the infant finds itself is not adequate for the new environment. Every stimulus that is received as unfriendly means that the limits of available cathexes are exhausted; before this stimulus can be experienced as pleasurable, several phases must be passed which terminate in establishing a cathexis. These are: (a) the attitude of fixed attention and (b) the repetition of the stimulus, actively or passively. The act of attention includes only certain features of the original fright—fixation and immobility; there is no discharge. Then follows another mode of reaction, that of laughter, which is a mode of organized discharge with pleasurable affect.

The process of libidinization goes through a narcissistic phase, in which the stimuli and the motions that they call forth are enjoyed in and of themselves. This process of sexualization must be undone, the motions must be desexualized before they can stand in the service of mastery.

The process of mastery, in which the object becomes a source of libidinal enjoyment in association with definite representations of the organs by means of which it is attained, restores to a degree the bound state of the energy with which the infant was born. But the new bound state differs from the old. Mastery results in a rebinding of the energy in new formulas, but likewise terminates in removing the world as a disturber of the state of rest. The repetition compulsion results in a state of gratification. The new bound state differs from the old one in that it is associated with new behavior formulas, i.e., their psychic representatives, both in the body-ego and in the objects.

The organ representatives of these cathexes vary, of course, with the organ cathected, but they are all united by the emotional qualities of gratification, without the aid of which they would never have come into existence. These organ repre-

sentatives are relatively simple for the sense organs, more complicated for the coördinated motions of the body; in the latter case we find representatives consisting of combinations of optical and kinæsthetic sensations plus memory traces of former gratifications. Thus this process of libidinization differs in no way from the process which obtains in the libidinization of a love object in the anal sadistic phase; the only difference lies in the bodily organs through which the libidinization is effected. We shall see the importance of this fact when we consider the differences in the manifestations of defusion processes that occur in the sexual sphere and those that occur in the sensory-motor-apperceptive apparatus.

The process of desexualization is a selective one; it does not proceed equally at all zones. Some of the zones are phylogenetically destined to play a more important rôle in the development of the sexual libido, others are devoted more to the instincts of mastery. The erotogenic zones attain their chief importance in the development of infantile sexuality; the sensory motor and apperceptive apparatus in the development of the instincts of mastery.

The effective ego has therefore two worlds to govern, the outer world, and the inner; the demands of the id refer to both. In relation to the outer world the ego has means that differ somewhat from those that govern internal, instinctual stimuli. With regard to the outer world, only such processes are taken up for constructive integration as are constant in yielding gratification. This is a fact that the conditioned reflexologists have most effectually proved. In connection with the outer world the ego must exercise a selective and inhibitory function. This inhibition *is not repression*. In regard to the autoerotic pleasures at the erotogenic zones, the ego has little, if any, selection to exercise and for a long time, no inhibition; they are all gratifying. Only later is the ego obliged to inhibit these, a process which it performs through the agency of repression, disposing in this way of gratifying experiences that have become incompatible with the outer world or with its intra-

psychic representative, the super-ego. In regard to the instincts of mastery, the sense of reality takes over the function of critique; if one mode of behavior fails to give satisfaction, it is avoided—inhibited if you will—until a more pleasure-giving method is found. The coördinations of the functions of inhibition, selectivity, and integration combine to form that faculty known as reality testing, which is so important in governing the relations of the ego to the outer world.

The effective ego, with all the cathectic processes described now has functions that the primitive ego did not have; it has the faculties of apperception, voluntary motion, orientation, perception of quality and form, memory and most important of all, inhibition. Later it acquires the faculty of repression.

The type of cathexis that is given to the ego itself and its relations to the body-ego is a very obscure object. We know that its character is narcissistic. Federn, Schilder, and Nünberg have attempted to define this cathexis from studies on depersonalization, hypochondria, and schizophrenia; but it remains persistently inaccessible.

Some statements can be made about it with certainty. In conversion hysteria libido may remain attached to an organ to the detriment of its bound energy and its utility to the instincts of mastery. In hypochondriasis we see this in its most extreme form. The hypochondriacally affected organ has become narcissistically erotized; but in addition the organ in question begins to play all the rôles that the ego formerly did; it behaves like the super-ego and the id. In hypochondria therefore we may say that the ego as such has suffered a dislocation. In schizophrenia the ego may play all the rôles that objects formerly did; the ego itself can be loved as an object.

In the phenomenon of depersonalization we deal with a new factor. To "depersonalized" individuals the world appears strange, uncanny, dreamlike, larger, or smaller. Perceptions seem remote, the tactile sense is different. These patients show no objective changes in their perceptions, but the ideas conveyed to them are altered. Moreover, body feeling is altered;

they appear strange to themselves and feel like automata, with marked alteration of affects. This process represents a withdrawal of libido from experience in the body-ego and the outer world. In this phenomenon Schilder¹ sees two opposing tendencies; the individual wishes to retain the integrity of his experiences, and not withdraw his cathexis from the outer world; on the other hand, he wishes to withdraw cathexes from the outer world and from the intrapsychic experiences by which they are represented. The symptom is therefore a compromise and is qualitatively like the *Weltuntergang* fantasy of the schizophrenic. However, the ego is still intact enough to maintain its separateness from the outer world, so that processes within the ego are still distinguished from changes in the outer world.

What interests us most in this phenomenon is the means by which the withdrawal of libido is effected. Whatever libido is still necessary to perform the functions of perception is still effective; what is changed is the cathexis of the ideas and representations thus brought to the ego. The function of perception is interfered with to this extent, that they are not reported with their former vividness, and their morphological character is somewhat altered. Schilder quotes Jaensch to the effect that the size and stereoscopic value of any object is very largely influenced by oscillations in attention, a function which stands in closest relation to the ocular muscles. Thus, when a patient reports that an object seems either smaller or flatter, we have clinical evidence of the fact that withdrawal of libido from the outer world can be effected through those very channels of libidinization by which mastery was originally established. Attention is a function of the instinct of mastery; it is executed by means of the bound energy vested in the eye and ear, but only at the behest of the ego toward the end of libidinizing the results of perception; when this cathexis is withdrawn, the very functions of perception are interfered with.

¹ Schilder, P.: *Entwurf einer Psychiatrie auf psychoanalytischer Grundlage*, 1925.

This establishes a most important relation between the ego and body-ego. The ego can inhibit the functions of those organs that contact with the outer world in one of two ways:

- (a) It can withdraw cathexis from the object or the object representatives in consciousness, and displace it upon introverted equivalents, upon the ego itself (narcissism), or upon special organs (hypochondria). This latter state of affairs can always be found in schizophrenia.
- (b) It can inhibit the apperceptive and executive functions themselves by tying up the bound energy in their specific executives.

This latter conclusion we can permit ourselves because of the overwhelming evidence to be found in hysteria (hysterical blindness), traumatic neurosis, and epilepsy. This is the method that the ego has of freeing itself from the outer world. When a traumatic experience pierces the protective cathexes, and the world thus ceases to be a source of gratification, the ego has at its disposal no other method of freeing itself from the harmful influence than along the same channels by which these cathexes were originally established. The ego cannot repress either the outer world or bound cathexes, but itself it can contract, shrink and withdraw. Repression is a technique that is effective almost exclusively on free cathexes with abundant ideational representatives, whereas centripetal contractions of bound cathexes can be observed in the infant and in traumatic neuroses. This shrinkage can take place partially at single organs or sites, or totally with periodical extinction of consciousness. The most universal manifestation of this type of defense against the insurgency of the outer world lies in the banality that when we are tired we go to sleep; we thus inhibit most of the bound cathexes in the sensory, motor and apperceptive apparatus, withdraw them temporarily, and lose consciousness.

5. Fusions and Defusions of Bound and Free Cathexes.

In the past twelve years the subject of instinct has undergone some important revisions. Beginning with *Beyond the*

Pleasure Principle, Freud has greatly simplified the subject. The weakness of his older formulation of the "ego instincts" lay in his failure to define the executives and somatic reference of these instincts and their psychic representability, as he had done in the case of the sexual instincts. The ego instincts were by exclusion non-sexual instincts, without known clinical significance. The effort to identify the ego instincts with the so-called instincts of self-preservation was likewise of no clinical usefulness. To handle an instinct clinically we must know its somatic reference, i.e., the agency through which specific tensions are reported or through which the state of rest is restored. We must moreover know the manner in which it is represented in the psyche.

In *Beyond the Pleasure Principle*, Freud did away with the dualism of ego and sexual instincts and united both instincts under the name of Eros. In addition he posited a "*Todestrieb*" (death instinct) which has only one representative, destructiveness, which we can recognize clinically when it is directed to the outer world. The external manifestations of instinct, according to Freud, are always mixtures of Eros and death instinct in a fused form. In sadism we have a partial defusion; the epileptic seizure is a sign and product of a defusion. The components resulting from defusions can be turned outward on to the world or on to the ego itself.

In the theory of instinct Freud defines two features: (1) the composition of the instinct—Eros and death instinct, and (2) the direction of the instinct—outer world, or self (ego).

Why are the two instinctual tendencies so invariably tied to each other? Freud answers that this is due to the inherent nature of living things, that it is a basic characteristic of protoplasm; the soma is perishable. The psyche is a function of the organic substance in which it operates and which has an inherent inertia. Regression is only a special case of instinct defusion and is the special fate of defusion processes involving a sexual goal. How this applies to what were formerly known as "ego instincts" Freud does not state.

In terms of this new conception of instinct fusion it was possible to restate the dynamics of the transference neuroses, an attempt that was made by Alexander.¹

In the earlier part of this paper I defined the manifestations of instinct activity which have as their executives the sensory-motor-apperceptive apparatus. I also stated that the function of the organs involved was dependent upon an instinctive drive, which could be inhibited. We learned that because of the nature of these portions of the ego, the libidinization differed in its manifestation from cathexes established by the sexual apparatus; the latter are mobile; the former are fixed or bound—inseparable from what we know as "physiological functioning." In *Beyond the Pleasure Principle* Freud considered only the results of breaking through the *Reizschutz*, i.e., the protective barrier of bound cathexes.

As to the difference between free and bound cathexes which we shall discuss presently, Freud has given us a valuable suggestion. In *The Ego and the Id*² Freud assumes the existence of a displaceable energy, which, in itself neutral, can join forces with either an erotic or a destructive impulse. "*The erotic instincts appear to be altogether more plastic, more readily diverted and displaced than the destructive instincts.*" From this we can easily go on to assume that this displaceable libido is employed in the service of the pleasure-principle to obviate accumulations and facilitate discharge. It is clear that there is a certain indifference about the path along which the discharge takes place. . . . We know this trait, it is characteristic of the cathectic processes in the id. It is found in erotic cathexes. . . ."

It is this difference in the mobility of various cathectic processes that we must account for. We must consider their origin, the organs through which they manifest themselves, and the tensions they tend to satisfy, i.e., the qualities which they carry.

¹ Alexander, F.: *Psychoanalysis of the Total Personality*. Trans. by Glueck & Lewin.

² English translation, pp. 61-63.

The erotogenic zones will serve our purpose best to start with. The act of eating is a form of *bound* cathexis. In the first year of life oral mastery is a type of bound cathexis, which is however soon replaced by other forms of mastery. The oral zone however has in addition a larger quantity of free cathexes, which can be easily displaced from this zone to another—to the eye, the anus, or the phallus—or which can be returned to the oral zone should the release of tension become blocked at one of the other zones. Oral gratification in so far as the free cathexes are concerned can be repressed; oral gratification, as far as bound cathexes are concerned cannot be repressed.

These two types of cathexis differ in relation to the organ (binding), in their instinctual components (fusion and defusion), in the possibility of being substitutively gratified and repressed, and finally in their ideational representability.

By their experiments the conditional reflexologists have given us ample information both as to the conditions for establishing bound cathexes, and as to the results of their abolition. The basic condition for establishing a bound cathexis is that it should produce gratification; the other "conditions" are maintained or abolished depending on whether gratification follows. Should disappointment follow the secondary conditions, there ensues not only an abolition of the conditioned response, but a profound disturbance in the instinct economy of the animal as evidenced by sleep or cataleptic states (products of defusion).

The principles that lead to and maintain the simple conditional reflex in the dog apply to most bound cathexes in man. It is natural to assume that human adaptation consists of the establishment of a large number of these bound cathexes which differ in their importance as regards the basic adaptations of the individual. An appreciation of the method in which these bound cathexes are established, together with some appreciation of the consequences that follow upon interference with them, opens a path into the understanding of disorders that have been hitherto limited by the concept of "physiological function."

The bound cathexes of the human being include the greater part of the executive functions of the ego, including voluntary motion, glandular and intellectual processes. Our study of them will not be detailed, but will only attempt to arrive at certain general principles.

We can best study the characteristics of bound cathexes by comparing them with those that are free. Following Freud, Abraham¹ has traced for us the history of free cathexes. The various phases he described, early oral, oral sadistic, early and late anal sadistic, early and late genital, with the incidental erotogenic zones, are all connected by a continuous and closely interwoven network which plays a very significant rôle when one of them suffers an obstruction of development (fixation) or through force of circumstances must be abandoned. There is no stage of libido development that cannot, if necessary, serve as the main avenue of discharge of sexual tensions. By this means the individual is able to maintain a more or less constant relationship to the sources of gratification. When a real object is lost, it can be introjected; where activity is impossible, passivity may solve the difficulty;² where genital satisfaction is inhibited, other forms—oral, anal, urethral, etc., can be substituted. The qualities of which these various erotogenic zones are both the somatic reference and executive, are all uniform. The plasticity of the free cathexes, their displacability, is a factor of the highest economic significance for the course of human life. The various clinical results of introversion, moving cathexes from one object to another or from one zone to another, activity, passivity, all these determine the morphological and dynamic differences between the various forms of transference and narcissistic neuroses. Through auto-plastic reproduction and repression, the ego can accommodate itself to the demands of the outer world or of the super-ego without destroying the actual avenues of discharge of sexual tensions.

¹ Abraham, K.: *Entwicklungsgeschichte d. Libido*. 1924.

² Freud: *Trieben und Triebschicksale*. Ges. Schr. V.

A different state of affairs exists in the case of bound cathexes. They enjoy a plasticity too, but it is different from the plasticity of free cathexes. The plasticity of bound cathexes is due to the fact that, apart from the simplest forms of binding—like walking, orientation, seeing things in perspective, interpretation of sound, etc.—they are capable of the most elaborate and complicated *integration*. This is especially true of those established through the agency of the hand and intellect.

The function of these bound cathexes is to secure a form of libidinal gratification to which the name *mastery* applies. Mastery ends in reproducing a tensionless state. The disturber of the state of rest is some stimulus or circumstance in the outer world; the forces which put the stimulus out of the effective environment of the individual involve some form of aggression to it. When the formulas by which this mastery becomes established are prevented expression, we should naturally suppose that regressive types of adaptation will take their place. But our theoretical anticipation is not always verified. In McDougall's case (see p. 418) such a regression was instituted *en bloc*—the adaptation of a child fifteen months old. This however is not the rule. The value of a regression lies in its capacity to permit outlet for instinctive drives. In the case of bound cathexes, regressions, i. e., the reestablishment of earlier forms of mastery, like the oral mastery, are not as economical as in the case of mobile cathexes. To be sure, vertigo, astasia, eidetic vision, etc., may be reproduced, but they are not very vividly maintained.

The rôle of repression is different in the case of bound cathexes. When a given action formula fails (for example, if a child burns its fingers with a candle flame) there is no need for repression, the action need only be inhibited. All our learning is an elaborate organizing of inhibitions. These inhibitions, together with the painful experiences with which they are associated, end in the establishment of the reality principle. The infant and the animal remain the purest pragmatists when it comes to bound formulas—whatever leads to

gratification is true, right, and permissible. Bound formulae are probably also the basic patterns of logical thinking. The categories of plurality, cause and effect, time and space are established through their agency.

The representability of bound cathexes in consciousness is much more limited than in the case of free cathexes. The former are connutable chiefly in verbs, actions and sensations. They are not much subject to symbolization. How indeed could one represent the act of throwing a ball, if not in hallucinatory and kinesthetic reproductions? Whether or not bound energy can be sublimated, we leave for later treatment.

To summarize, bound energy has somatic connections which are fixed, and the qualities associated with each is *specific* and not freely interchangeable. Its functions are aggressive and executive and hence are connutable chiefly in verbs. It is not displaceable nor to any pronounced degree capable of symbolization. It cannot be repressed, but can be inhibited. Like free libido it can be directed toward the outer world or against the ego itself. Its function wherever it may be bound is the same, in the sense that it preserves the isolation of the ego by removing influences which disturb the state of rest. It may do this in the form of intellectual mastery or physical mastery, in one form or another. In any case it reestablishes a harmonious relation between the ego and the outer world. Bound energy formulae do not come into existence unless they yield gratification, and in this sense they owe their specific forms to the pleasure principle; but in their subsequent reactivations they are entirely conditioned by the reality principle. It is possible that they establish the basic patterns of logical thinking; the processes whereby bound formulas come into existence is very like the process of learning. Bound energy has as its domain the entire sensory, motor, and apperceptive apparatus. This, at least, so far as relations with the external world are concerned, is its most important function. In relation to bound energy the reality principle takes over the rôle played by the super-ego in the case of free cathexes, and in place of

repression we see a shrinkage of the ego itself, an inhibition of function, or the reëstablishment of some earlier form of mastery.

In his statement of the theory of fusion and defusion of instinct components, Freud in *The Ego and the Id* (Chapter IV), has given us a concise method of studying their clinical manifestations. The process of fusion has never been actually studied, but the process of defusion has been followed in the transference neuroses by Alexander.¹

Every pathological process involves a defusion of instinctual components, Eros from death instinct (*Todestrieb*); a new alignment becomes necessary. Regression is one of the protections the ego has against the ravaging effects of the liberation of the death instinct; regression takes up the slack, and insures a certain amount of rebinding, as regards object, and refusion as regards components.

In the case of bound cathexes, the products of the defusion are easier to identify because they cannot be rebound easily and are not readily displaceable. In the traumatic neurosis we have seen how a group of protective inhibitions are instituted; in place of the inhibited functions we see an enormous quantity of disorganized aggression; it is turned against the outer world or against the ego itself (loss of consciousness).

In *Beyond the Pleasure Principle* and in *The Ego and the Id* Freud assumes that the muscular apparatus is the special executive of that portion of the death instinct which is turned to the outer world. I believe that we may make the same assumption for the sensory apparatus and the intellect. The aggressive function of the muscular apparatus is more manifest, but the character of aggressiveness—a pushing toward the outer world—is not lacking in the functions of the eye or ear. Their aggressive push is manifested in the act of attention, the force which moves these passive organs.

If we consider the whole sensory-motor-apperceptive apparatus collectively a unit—a weapon of the ego—as we must in

¹ *Opus cit.*

order to appreciate the effect of traumatic experiences on the whole ego, we come to some important considerations. Only in the autoerotic phase of development do the various parts of this system act for themselves; with the integration of a completed ego, they all act in concert for the general purposes of the ego as a whole. From an energetic point of view one might say that whereas the specific qualities of the sensory-motor-apperceptive apparatus are not freely interchangeable, the aggressive components necessary for their functioning enjoys free mobility, so that one part of the system may be impoverished to the advantage of another, or their quantities be summed and used for explosive discharge. Clinical evidence favors the view that this aggressiveness cannot be repressed; its direction may be changed, it can be directed against the ego instead of against the outer world, but it cannot be changed into an opposite (passivity). The only opposite conceivable for this kind of aggressiveness is death, or something analogous to it.

We may give a summary description of the fusion of bound energy by saying that an organ is only a machine, the fusion of Eros and the death instinct the motive force. In the newborn we found that the bound state there existing sufficed for intrauterine conditions, and that stimuli which could not be assimilated provoked a state of fright, that is, a state of defusion in which the destructiveness was turned to the outer world in a chaotic manner. The overcoming of fright is a process by which Eros and destructiveness are bound into the functioning of the given organ. For a time during the autoerotic stage the organ itself is libidinized as an object. After a desexualization of the organ, the libido is attached to the ego as a whole; however, a quantity of narcissistic libido remains attached to the organ itself, a quantity that may be increased in local disease, hypochondria or conversion hysteria. In the phenomenon of fright we see a very gross defusion state; but qualitatively the same process of defusion takes place with every *act of attention*. In other words, every stimulus that

becomes conscious represents a state of defusion which must be overcome by the same mechanisms used in the overcoming of fright. They all terminate in some form of mastery, which removes the stimulus from the effective world of one subject. The more effective the fusion, the less susceptible is the organism to fright reactions.

In connection with defusion processes, we must discuss the phenomena of fatigue and sleep. We must recall that the functions of the executive organs are governed not alone by their relations to the outer world, but by conditions within the organism. We have mentioned that in the infant states of fatigue are much more easily induced than in the adult, and that the need for sleep is much greater. In terms of the instinct psychology outlined above, fatigue is a state of defusion. The limits of effective libidinization are overstepped and there is an encroachment upon the capacity of the organism to combat the outer world. In the phenomenon of fatigue we see how intimate is the relation between the outer world and the internal conditions that govern the weapons of mastery. Let us ignore the physiological picture and treat only the psychological.

Fatigue has a function not dissimilar to pain; it initiates a series of inhibitory phenomena whose purpose it is to conserve a certain optimum within the organism. The psychic accompaniments of fatigue are very distinctive. They are a loss of vividness of sensory impressions, a loss of mental tonus and intellectual grasp, a perseverative tendency, muscular incoordination and tremors, and an increased irritability and tendency to explosive affective and muscular response. There is a manifest desire to have done with the outer world together with an increased stimulation in order to preserve a contact. The boundaries between outer world and ego become less distinct, and in exhaustive states are completely obliterated. Normal inhibitory influences become relaxed.

In neurasthenia, where the subjective sensation of fatigue is so pronounced, it is interesting to note that the normal curve of diurnal efficiency is reversed; it coincides with the

libido curve. The disagreeable sensation associated with fatigue is due to the pull of the desire to preserve contact with and the tug of the desire to have done with the outer world. In his dream life the neurasthenic continues his ambivalent state to the world; his dreams are repetitive, he never gets through with any action. In neurasthenia, whatever may be the libido alignment of the individual, the process of withdrawal from the world is by the route of bound cathexes.

Fatigue is therefore a normal state of defusion, which is generally neutralized by sleep or rest. Sleep is the result of the inhibitory phenomena induced by fatigue.

In biology we see other forms of retreat from hostile conditions in the environment. According to Leo Adler,¹ hibernation is a protection against such threatening conditions as cold and diminished food supply. The reflexologists call sleep an "irradiation of an inhibition."

From the standpoint of the free cathexes, Freud has called sleep a form of narcissistic withdrawal from the world. From the point of view of bound cathexes it is an inhibitory phenomenon. The conditions of sleep are the shutting out of stimuli in the outer world and the inhibition of the functions that effect these contacts. Visual sensations are shut out, olfactory sensibility diminished, tactile sensibility reduced to a minimum, auditory stimuli ignored if they are familiar, though unusual noises preserve their sleep disturbing properties. There are changes in heat regulation, circulation, metabolism and muscle tonus. That sleep is a protective phenomenon can be proved by preventing it in animals; the younger they are the quicker they die. There is even an interference of communication between cortex and voluntary muscular system as indicated by the return of the Babinski reflex—a return of the "spinal soul" (Haeckel, quoted by Ferenczi).² The inhibitory character of sleep has been demonstrated by the conditioned reflexologists.³

¹ In Bethe: *Handbuch der Physiologie*. Vol. XVII.

² Ferenczi: *Versuch einer Genitaltheorie*. 1924.

³ Ischlondsky: *Der bedingte Reflex*. 1930.

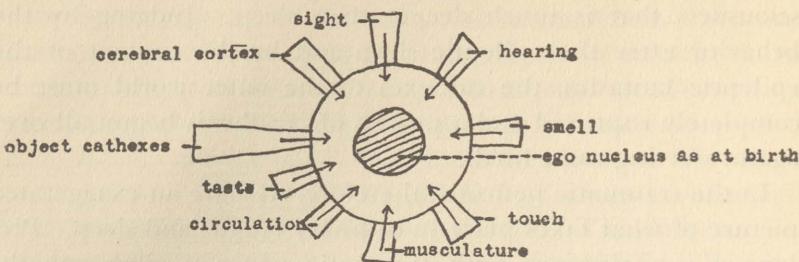
In an earlier part of this paper we intimated that the mere indication of the neural paths along which an impulse travels is by no means an explanation of its function. On this account the theory of the reflexologists, though we can accept their conclusions without cavil, is quite unsatisfactory. From the point of view of our instinct psychology, sleep consists of a withdrawal of libido from the outer world. The cathexes thus made available invest the ego itself narcissistically. But it is important to note that the cathexes chiefly affected are the bound ones—as we see from the study of dreams, where libidinal interests become paramount. The dream life of the traumatic neurotic and the neurasthenic indicates that they are much occupied with bound cathexes; they dream of frustrated or retarded actions. Normal sleep is an orderly process and has a recuperative function. The cathexes in the outer world are not definitely abandoned, as seems to be the case with other (pathological) losses of consciousness.

A question we must put to ourselves is: In sleep, what becomes of the enormous amount of energy that in the waking state is drained through the bound channels of the sensory-motor-apperceptive apparatus? Theoretically we could say it is now turned against the ego itself. But this does not seem to mean very much, and we must restate it in other terms. The desire for sleep is an indication that bound energy is not adequately used on the outer world; it becomes disorganized (as we see from the irritability and explosiveness of the fatigued). If the state of fatigue were to continue indefinitely, the ego would surely be overwhelmed. The effect of the narcissistic retreat in sleep is in part at least to neutralize the destructiveness (*Todestrieb*) that is deflected from the outer world. Under certain conditions (senility, traumatic neurosis) the amount of defused destructiveness is too great to be mastered by sleep. The narcissistic neutralization is inadequate, or the amount of destructiveness too great. In the epileptic this neutralization can apparently be effected only by a loss of con-

sciousness that is much deeper than sleep. Judging by the behavior after the epileptic sleep and by the content of the epileptic fantasies, the cathexes to the outer world must be completely ruptured and a process of recathexis begun all over again, starting as at birth.

In the traumatic neurosis, therefore, we have an exaggerated picture of what takes place in ordinary fatigue and sleep. Prolonged acquaintance with traumatic neuroses gives one the impression that if the energy demands made on the patient in the traumatic moment were dissipated over a longer period of time, we should have the picture of fatigue. The traumatic neurotic is in fact constantly trying to dilute the effect of the traumatic moment. In other words, in traumatic neurosis we have the same factors as in fatigue, but involving greater quantities of energy, a breaking of libidinal relations to the world, and a splitting apart of the instinctual components of cathexes. In the traumatic moment, therefore, all cathexes are abruptly cut through and the defused destructiveness which is turned against the ego is manifest in the form of a loss of consciousness. In the transference and narcissistic neuroses the loosening of cathexes is a slow process, and the slack created by the coincident instinct defusion can be taken up by lower types of cathexis (or binding) such as the anal, sadistic or narcissistic types. Regression in the case of mobile cathexes is therefore a cushion against which the liberated death impulses impinge, and prevents a complete rupture of the ego.

In the state that follows severe trauma, as described on page 401, we have a regression to the birth situation. Circulation leaves the peripheral areas and retreats to the splanchnum; consciousness is either completely lost, or on awakening the sensory-motor-apperceptive apparatus functions on a level with the newborn. From that point on body-ego and outer world must be built up anew. The entire reaction is centripetal and amoeboid and can schematically be represented thus:



The symptoms of traumatic neurosis are all indicators of this period of recathexis, and the neurosis consists of a failure to bring this process to the point of development that existed prior to the trauma. Certain definite obstacles are encountered and this is where the pathogenic factor lies. In the case of fractured skull described above, we followed this convalescence through to a normal rehabilitation. In the traumatic neurosis convalescence is stopped at a specific point.

Earlier in this paper we described a principle that can be observed in infants and animals: only such types of adaptation are retained as lead to gratifications; those that prove disappointing are deleted. The traumatic neurosis observes this principle—the same which was responsible for the growth of the ego. This protective principle fails in the traumatic neurosis, because the trauma strikes the basic patterns of adaptation for which there is no substitute, and for which regressive patterns, for example, those of a compulsion neurosis, do not suffice.

The question then arises, what factors in the development of the child influence the normal fusions of bound cathexes. Theoretically these factors may be of two varieties, exogenous (or traumatic) and endogenous (or constitutional). The two factors are really inseparable. The constitutional factor may have an anatomical basis, but our concern here is in what way it may interfere with the normal processes of instinct fusion. In the transference and narcissistic neuroses we can see the effect of primitive fixations on the subsequent libido development. In the case of bound cathexes we can see an analogous

retardation, the inability to synthesize higher forms of mastery, the persistence of oral mastery and infantile destructiveness.

This point was illustrated in the case described on page 426. The persistent state of defusion showed itself in the patient's inability to advance to any great degree beyond the stage of destructiveness and oral mastery. The expression of this state was her "epileptic character," which antedated her first seizure by many years. This was her true "illness"—the seizures were only her last resort. Such a state of defusion is reproduced in the traumatic neurosis. It is highly probable that, in contrast with the points of fixation in the transference and narcissistic neuroses, those cases that terminate clinically as epilepsy or as severe forms of traumatic neurosis, are fixed on early types of oral and destructive mastery. After trauma we encounter these early stages again in the convalescence. The immediate result of the trauma is a regression to an infantile state; this regression is effected by the contraction not only of the cathexes, but also of the somatic means with which they are effected, the most extreme of which is loss of consciousness. During the convalescence accumulations of tension resembling those of the trauma reproduce the loss of consciousness.

The loss of consciousness and motor discharge of the epileptiform attack can be observed in traumatic cases where the regaining of "consciousness" after the trauma, or attack, is associated with maniacal and destructive behavior.

The episodic contraction of the entire sensorium, and the permanent loss of certain portions of the body-ego (hemiplegia) are only variations of the same principle. The phenomenon of repression itself is a special application of the same principle, the difference being that in ordinary repression only the ideational representatives of the cathectic processes are involved.

6. Metapsychological Considerations.

In surveying the material presented up to this point it may seem that our conclusions about the metapsychology of these two neuroses would differ radically from those so well estab-

lished in the transference and narcissistic neuroses. This would be a hasty inference. The traumatic neurosis is the simplest of all neuroses, and demonstrates the same principles as the transference neuroses; nothing differs except the material that happens to be involved. In epilepsy the picture is more complicated because the basic physioneurosis that exists there has had time to become related to and influenced by all other aspects of the personality. What Ferenczi has found to be true for tic is a paradigm of the manner in which a basic reflex defense is related to the rest of the personality; it becomes secondarily libidinized, and in the unconscious retains a purely erotic character.

In attempting to account for the metapsychology of epilepsy and the traumatic neurosis let us preserve the Freudian landmarks—the topographic, economic, and dynamic points of view. We can best trace the course of these neuroses by comparing their development with that of other neuroses, according to the scheme of (1) privation; (2) repression; (3) introversion; (4) regression; and (5) return of the repressed.

In the beginning we substituted trauma for privation. We did so, fully appreciating that it was not the most fortunate term, yet better than others we might have selected, as for example *pain*.

As regards repression in these neuroses, we must be guided by a caution that Freud offered in *Neurosis and Psychosis*. In the last paragraph of this essay he states: "The ego cannot free itself from the outer world by means of repression. . . . The question as to what method analogous to repression the ego uses to free itself from the outer world, cannot be answered without new research; but like repression, this other mechanism must have as its content a contraction of those very cathexes that were originally put out by the ego." A few paragraphs in advance of this statement Freud has, I believe, answered the question. In effect he says the ego can prevent a break with the super-ego or the outer world by deforming itself, by shrinking, or by splitting.

This is exactly what we have been attempting to demonstrate. The principle of repression is retained in these neuroses; but since the injury is inflicted on certain completed functions of the ego, repression takes the form of a contraction of these functions. We might say that the contraction of the appendages of the ego in traumatic neurosis is the prototype of what we ordinarily know as repression. This peculiar characteristic is due to the nature of the cathexes that suffer repression; they are bound and intimately tied to the organ that executes them. The memory of the traumatic event itself suffers the customary form of repression in amnesia; the affects associated with it are split off, but are not displaceable to any extent. The forms of contraction of ego function differ; they may take the form of isolated or localized inhibitions, obliteration of portions of the ego (paralyses, which are autoplastic representations of the outer world), or periodic contractions of the entire sensorium (epilepsy). The inhibitions that appear after the trauma utilize the principle followed by the child in the building of his body-ego; types of adaptation that produce pain are abandoned. *Mutatis mutandis* the same is true in transference neuroses. The severity of the decompensation in the traumatic neurosis is due to the fact that methods of adaptation must be abandoned that once were very effective, and for which there is no substitute. In this respect the adult has not the infant's plasticity. We are obliged to assume that the existence of a traumatic neurosis is an indication of the instability of the cathexes that were originally established.

In traumatic neurosis one can safely say that the super-ego has nothing to do with mobilizing the repressing forces. In essential epilepsy the rôle of the super-ego is undoubtedly prominent. What the repressing forces are, can no more be identified than in the transference neurosis.

Characteristic of the traumatic neurosis is the fact that the neurosis is played between impulses arising in the id and the outer world. No process analogous to introversion is possible. Since the ego refuses to carry out the demands of the id, and

the possibility of substitutive gratification is very limited, we can readily see what a tremendous back pressure is exerted on the ego by the splitting of the instinct components and their attempts at expression. In the case of bound cathexes the path of regression is certainly open; the case of McDougall demonstrates this most effectively and so does every epileptic seizure. But regressions cannot be very effectively maintained—at least not with the same economy as in the case of the free cathexes that characterize the sexual instincts.

The ego can inhibit only certain of the bound cathexes and action formulas, those that are built up through the aid of the conscious portions of the ego. It cannot influence or inhibit those associated with the autonomic system. This system therefore remains one avenue of discharge of the normally libidinized aggression to the outer world. The overactivity of the autonomic system and its crises are the result of the overstimulation necessary to preserve some contact with the outer world and the inhibitions that prevent normal execution. The traumatic neurotic lives on a much lower plane of exchange with the outer world. The id continues to make the same demands, but the inhibitions protect the ego from a repetition of the trauma. The ego is as weak to the outer world in the traumatic neurosis as it is to the super-ego in the transference neurosis.

The incapacity for substitutive gratification and displacement is responsible for the apparently repetitive character of the neurosis. On closer examination we find that the transference neurosis is similarly repetitive, although the repetitive phenomena are disguised, displaced, or represented regressively. The symptoms of the traumatic neurosis subsequently acquire a secondary value to the patient—he can use them as a means of economic gain.

Most persons recover completely from a traumatic neurosis within a very short time. What is responsible for the persistence of the more severe forms? In these cases I believe the conflict with the outer world to be a *projection*; the conflict

is really between id and body-ego. In these individuals the higher instinct fusions are extremely labile, and trauma easily disrupts them; undoubtedly there is a constitutional factor which predisposes a person to traumatic neurosis, the point of fixation being in the phase of oral and sadistic mastery.

In the epileptiform cases the economic gain of the repetitive regressions to the infantile state is more conspicuous. The repetitive deaths and births are efforts to reestablish lost contacts with the world. To start again from the beginning holds out more possibilities of success than the maintenance of a permanently ambivalent attitude. In some cases these repetitions and the binding processes associated with them actually succeed.

7. The Essential Epilepsies.

Up to this point we have concerned ourselves with the epileptic reaction. We have studied it in several types of reaction to exogenous factors that initiated a series of contractile phenomena with coincident defusion of instinctual components. The epileptic reaction is the most extreme of these contractile phenomena, highly specific forms of repression exercised on bound cathexes. Judging from reactions to organic lesions of the central nervous system, the same type of reaction may arise from purely endogenous or organic interference with the executive weapons of the ego. We have therefore no quarrel with the hypothesis of organic damage in essential epilepsy, though we have no knowledge of what specific factors may bring about this reaction type. The reactions to external factors (traumatic) cannot differ very much from reactions to "trauma" of endogenous origin, because body-ego and outer world are reciprocal. The epileptic reaction differs in the depth of regression it initiates and the extent of instinct defusion it precipitates.

In dealing with essential epilepsy, however, it is not sufficient to define the character of the nuclear physioneurosis. One is always dealing with an individual, and the manner in

which this basic physioneurosis is absorbed by the remainder of the personality contributes the greatest part of the clinical picture of the completed syndrome.

A few points must be remembered. The *Anlage* in essential epilepsy is much older than it is in the traumatic neurosis, and has therefore had time to influence every aspect of the personality. Furthermore there has been time to subject the basic physioneurosis to a great many secondary processes. The fate of the epileptic reaction will accordingly vary with each individual. We must therefore expect to find that in essential epilepsy, the physioneurosis has influenced the development of the libido, and that the products of defusion will be handled in different ways.

There is one persistent question that always arises in discussions about epilepsy. If epilepsy is an organic disease, how can one account for the fact that individual seizures may be produced by factors undoubtedly psychological? In this essay we have attempted to bridge the gap between physiogenic and psychogenic by showing that these concepts are really not so far apart. But the other aspect of the question, namely, why factors which ordinarily precipitate psychoneuroses produce epileptic reactions, we cannot answer to our complete satisfaction. It may be that once a given means of repression is established, it can be utilized by various aspects of the ego, as flights from instinct danger (*innere Triebgefahr*) as well as from the outer world (or body-ego).

In a general way we can formulate the differentia on which the various clinical types depend:

1. The extent and severity of the original psycho-physiological *Anlage*, which according to the epileptologists need not have any specific pathology but must be located in epileptogenic areas of the brain.
2. The extent to which the psychosexual development is involved in the form of fixation and subsequent regression.
3. The degree to which the defused destructiveness falls under the influence of the super-ego, either in the form of defenses, reaction formations, or secondary rebinding processes.

4. The extent to which the conflict with the outer world or the oedipus complex is resolved by a process of oral introjection. This is followed by a schizophrenic elaboration of the conflict, with a complete obliteration of the boundaries of the ego, a state in which all psychology becomes cosmology.

For our purposes it will suffice to consider two types of cases; one in which the epilepsy is still in the form of neurosis, and another in which the conflict is resolved in a manner characteristic of schizophrenia.

In the case of *A. R.* (p. 426) we have a case of the first type. The constitutional factor is quite prominent; her mother had a severe toxemia of pregnancy, a feature that distinguished this child from her siblings, none of whom showed any evidence of corresponding constitutional defect. The development of the customary action formulæ of mastery were decidedly retarded in her case, as we see from the manner in which the world remained persistently traumatic. She remained inordinately susceptible to injury and at the same time unusually destructive in her attitude to the world. This we designated as a persistent state of defusion, where the erotic and destructive components did not fuse to yield her the more highly developed forms of gratification. Even in the normal, such gratifications retain a high degree of narcissistic character; but in her case she retained, and was able later manifestly to depend upon the more primitive types of gratification. The pleasure she derived from blurred vision and vertigo are characteristic. The persistence of the oral sadistic phase of mastery was quite evident, as shown by her inordinate egoism. Her egoism represented an effort to render the world harmless by taking it into herself. She retained the same attitude in regard to libidinal objects. The boundaries of her ego remained ill defined, so that injuries to others were interpreted by her as if they had occurred to her own person. She showed the same intolerance to external stimuli as she did to any form of libidinal frustration. Her irritability to sound and other sensory stimuli was well marked before there were any truly epileptiform manifestations.

In short we have here the typical "epileptic character." The collection of characteristics that go by this name we found to be not specific; the traumatic neurotic acquires and retains such characteristics for a variable length of time, depending on the severity of the neurosis. We also found it in conditions where the inroads of organic illness were unconsciously associated with a great protest, as in the "arteriosclerotic character."

To return to our case. The epilepsy was precipitated at a time when the struggle with the *oedipus complex* was most intense and the effort to repress pregenital cravings most violent—at puberty. She was frightened by the playful pursuit of a little dog, whose hostile intentions were largely projections of her own. To this trauma she reacted in the manner we found characteristic of traumatic neurosis; with insomnia and with repetitive reenactments of the traumatic event. The adaptations built up in the epileptic character failed. At every subsequent trauma or frustration, whether from the side of the libido or those that affected her body-ego, she employed the method of repression that is based upon the protective reflex. Her entire sensorium contracted in petit or grand mal attacks. Most epileptologists agree that the process of restitution begins with an identification of the seizure with birth. In our particular case, the process of overcoming the birth trauma is continued in her fantasy life, by an active repetition of traumatic experiences. This is particularly conspicuous in her treatment of fairy tales, where only the horrible and uncanny episodes are selected for active repetition. It is needless here to point out that the witch in this case is a typical mother symbol.

The factors responsible for the unusual severity of this case seem to be, first, that the precipitating incident, the pursuit by the frightened dog, acted both on its real merits and with symbolic values at a time when the work of repression even under the most favorable circumstances is very difficult, at puberty. The second factor seems to lie in the fact that the outlets for her destructiveness, previously permissible because she was still a child, now had to be curbed as far as their

exercise on the outer world was concerned. The task of the super-ego seems to have been most efficiently executed—an enormous amount of destructiveness was deflected from the outer world on to the ego itself. But the patterns for the specific type of repression employed were borrowed from those established by a weak body-ego in its relations with a traumatic world. It is this latter feature that distinguishes epilepsy from a compulsion neurosis or schizophrenia. Once established, this specific form of flight can be employed for the resolution of all varieties of conflict. The content of the epileptic seizure may therefore have an infinite variety of meanings, and is in no way characteristic.

If we were to accept this latter statement, we should have a new psychopathological idea, a non-specific type of reaction, whose content varies with the individual and with the same individual in varying circumstances. We do not find this state of affairs in conversion hysteria, where the symptom itself is the meeting place of the gratifying and punitive tendencies, and becomes the carrier of a repressed genital attitude to an object. Nevertheless it must be noted that our understanding of conversion hysteria to date does not go beyond explaining the symptoms as a fixation upon somatic conditions attendant upon the gratifying relationship to the object, or its denial. This is most clearly seen in conversion symptoms connected with vision, from photophobia to blindness, where the conflict between the repressed scotophobia and the punitive tendencies meet. However, in the case of total blindness, we see in operation a principle which we see in much more extensive form in epilepsy. In this conversion symptom the subject confirms the scotophobia which the super-ego condemns; but the wishes of the super-ego are carried out by means of an inhibition of the bound energy of the eye. In the traumatic neurosis we have seen that such inhibitions may be purely protections against dangers in the outer world, and not against inner dangers as in conversion hysteria, where the eye is the executive organ of a sexual drive. In the case of tic, Ferenczi found that the

symptom started as a defensive reflex, and only subsequently became the carrier of repressed erotic tendencies. In the epilepsies, similarly, we have another example of the "tic principle"—defensive reflex with secondary erotization.

The great variety of clinical forms in which the epileptic reaction occurs indicates that the relationship between the basic form of repression characteristic of epilepsy may be related to the psychosexual organization of the individual in a correspondingly great variety of ways. Not all epilepsies terminate with a schizophrenic elaboration of the underlying physioneurosis; a large number of them do not even have what commonly goes under the name of "the epileptic character." The clinical fate of the epilepsy seems to depend on how much the weakness of the ego that culminates in the seizure influences psychosexual development. This is by no means uniform.

The traumatic neurosis established for us the basic patterns on which the epileptic reaction is based. To the ego it does not matter whether the trauma is external or from sources arising within the soma. The reaction is the same in both. The clinical picture and neurological signs will naturally vary. The relationship of this body-ego weakness to psychosexuality can only be surmised; if it is established early enough in life it must undoubtedly predispose to narcissistic fixations in the psychosexual sphere.

Those cases that end with a schizophrenic superstructure occasionally tell us in their psychotic elaborations of the source of their conflict. The conflict in these cases seems to be between id and body-ego (or its projection, the outer world). A case studied at the Psychiatric Institute is most suitable for demonstration because of the patient's rare loquacity, dramatic presentation, and extraordinary metapsychological "insight", if one may call it such.

Although many epileptics have their first seizure on the occasion of a physically traumatic event, many have their first attack under conditions that usually precipitate a psychoneurosis. This patient was plowing. At the time his conflict about masturbation was extremely acute. In his psychosis he identified himself with a spermatozoon in his father's body and in this way reached his

mother again. When he was reborn, he was no longer a man but a woman. He was able, in this new feminine form, to preserve the male sexual pleasures; in the act of nursing a child at the breast and in the act of parturition he regained the pleasures of ejaculation. This was the solution of his oedipus complex and of his masturbation conflict. Masturbation was the equivalent of patricide; to cleanse himself of this sin, he had to be born over and over again. "If I hadn't masturbated so much, I wouldn't have had this change." This statement is reminiscent of the old Hindu belief in reincarnation and rebirth as a means of purification, which are not necessary if the joys of living are once and for all heroically resigned. There is no need to be born again, if the world ceases to be a source of gratification. Our patient has the same idea.

Moreover the patient can preserve his oedipus complex by regression; it is now expressed in oral and anal terms, because genital activity means the murder of his father. In addition to reconstructing his cepidus complex, he reconstructs his entire relations with the outer world.

He sees the world divided into two hopelessly irreconcilable polarities, Good and Evil, which take on protean forms. All life represents a fusion of Good and Evil, God and Devil. These two forces, no matter what outer forms they take, are constantly at war with one another for supremacy. The patient is now God; his function is to reconcile these polarities into a harmonious unit. His mission is to destroy evil, the Devil, destructiveness, and to spread Christianity, kindness, love. He will unite good and evil, man and woman, Jew and Gentile, etc. . . . The place where this union will be effected is his own body. His fits represent successive rebirths and every individual seizure is due to the preponderance of sin and evil. "My fits are due to sin." The seizure is death and being born again, and being born "is Hell." "All life", says he, "is a method of becoming perfect. In life you overcome the Devil, and the Devil must be overcome." He sees the Devil as abstract forces, or embodied in some specific human form. When he thus identifies him, he assaults him violently. "I try to like him [the Devil] because I see where I must do so; to keep life going we must be friendly with the Devil."

This patient gives us in his allegorical manner a complete de-

scription of the metapsychology of epilepsy. In this projected form he describes the conflict between Eros and death instinct. The seizures are to him an indication of the operation of evil, against which the Eros strives, and the successive rebirths a way of effecting a harmonious force. To him life cannot exist without evil. The Devil triumphs in the seizure, but it is Eros that drives him to reawaken. "The fit is a change of life, and after the fit I begin to see things right. Sometimes you come out as a woman"—a shrewd precaution to avoid any further conflict with the oedipus complex.

Remarkable in this allegory is the important rôle assigned to the destructive principle, which he calls the Devil, as the original instigator of life. Scattered throughout his productions are statements like this: "The Devil is a planter of life. He began life. . . . Life started with God and the Devil was the other spirit—I call that heat and cold. They had a little conflict and there was color and it began life. Now we see color, like refuse, and we know life begins there. . . . At birth I had considerable movement of my bowels. I remember that I was giving back life to the ocean, giving the Devil back his start. . . . Fæces is the Devil."

Here the patient identifies defaecation with a destructive act and with the act of procreation. Although his statement is in anal terms, it implies that his phallus was given up because its functioning would entail murderous fantasies against his father. But even in his anal version the procreative act is a means of discharging great quantities of destructiveness.

From the side of his psychosexuality, the treatment of his oedipus complex is no different from that to be found in any schizophrenia. The patient, however, emphasizes to a degree not commonly found in schizophrenia, the conflict between Eros and the death instinct. This, being a projection, can only represent the state of defusion in which the ego instinct syntheses find themselves in his body.

The allegory that our patient elaborates is strikingly like the description of the creation in the Book of Genesis and resembles Milton's adaptation of the same material in *Paradise Lost*, where the allegory is mixed with material from the New Testament.

Milton describes the state of perfection and unity that pre-

vailed in Heaven before the revolt of Satan. The motive for Satan's revolt was his envy of the power of God and of his Son Messiah. Satan draws into the revolt vast hosts of angels. A great battle ensues. The decisive victory which ends in the expulsion of Satan and his rebellious hosts from Heaven into Hell, is gained by the overwhelming powers hurled by Messiah against Satan.

Nine days they fell; confounded Chaos roared,
And felt tenfold confusion in their fall
Through this wild Anarchie, so high a rout
Incumbered him with ruin; Hell at last
Yawning received them whole, and on them closed,
Hell their fit habitation fraught with fire
Unquenchable, the house of woe and pain.

(*Book VI, vv. 871 ff.*)

In his attempt to anticipate the devastating effects of Satan's deceitful entry into Paradise, the Angel Raphael narrates to Adam the story of Satan's revolt, and quotes a speech of the Angel Michael to Satan during the heavenly combat:

Author of evil, unknown till thy revolt,
Unnam'd in Heav'n, now plenteous, as thou seest
These acts of hateful strife, hateful to all,
Though heaviest by just measure on thy self
And thy adherents: how hast thou disturb'd
Heav'n blessed peace and into Nature brought
Miserie, uncreated till the crime
Of thy rebellion? how hast thou instill'd
Thy malice into thousands, once upright
And faithful, now prov'd false.

(*Book VI vv. 262. ff.*)

The Angel Raphael proceeds to narrate, at Adam's request, how after expelling Satan and his Angels from Heaven, God declared it his pleasure to create another world and other creatures to dwell therein. Satan, knowing this by virtue of an ancient prophesy in Heaven, now directs his efforts to this new

world. He succeeds in tempting Eve. The punishment for eating of the Tree of Knowledge is expulsion from Paradise, death, and a long wait for redemption by the Messiah.

Thus in ancient myths and in our epileptic subject, destructiveness is assigned the rôle of instigator of the sexual impulse. Psychoanalytically expressed this idea affirms that sexuality is the result of certain ego instinct crises or tensions whose objective is destructive unless neutralized by the libido. Helene Deutsch¹ formulates it in another way: "*In den Sexualakten entledigt sich der Mensch unter Lust- und Unlustreaktionen der Ichtriebsspannung.*" The objective of sexual release (*Entspannung*), is, as in the case of all ego instinct tensions, the reëstablishment of a state of rest. The accumulation of ego instinct tensions, establishes a sharper line of demarcation between ego and outer world; the economic function of Eros is the achievement of a greater unity between the two, whether by means of direct instinct satisfaction or by sublimation. "This feeling of unity which Eros establishes can only come to pass when there are no disturbing influences in the ego" (H. Deutsch). From schizophrenia we know what obstacles the super-ego can create; from epilepsy we learn that the quantities of ego instinct tension created by internal disharmonies within the fabric of the ego itself are too great for the binding powers of Eros, so that they overflow. The binding power of the Eros depends not alone on the quantities it is called upon to master, but on the vigor of the libidinal cathexes already extant. The balance between these factors decides the various clinical fates of epilepsy.

We know that the most successful manner of binding destructiveness is by way of the genital phase. The bindings effected by the regressive patterns of pregenitality, as in the compulsion neurosis, are less successful; even less so are those which are formed when object cathexes are more or less completely abandoned, as in schizophrenia. We cannot therefore

¹ Deutsch, Helene; *Über Zufriedenheit, Glück u. Ekstase.* Int. Ztschr. f. Psa. XIV, 417, 1927.

expect to find any more successful binding of destructiveness in the epilepsies, unless the object cathexes are tenaciously retained.

In the majority of the epilepsies, there is a more complete achievement of genital development than in schizophrenia. This is notably true in those cases of epilepsy without a psychotic superstructure. Periodically the epileptic regresses more deeply than the schizophrenic; but the repression is more elastic, has more recoil. The rebinding efforts of the epileptic are more persistent. He repetitively attempts the rebinding by the same processes which the infant uses to establish extensions of the ego to the outer world. The epileptic must repeat the process, as if from birth, after each attack.

The most important dynamic standard for determining the clinical character of the epilepsy is therefore the degree to which genital development was originally achieved. The second standard is the degree of tonicity of the super-ego.

To judge by statistical studies, a relatively high proportion of criminals are epileptic. Criminality in an epileptic would represent one of the fates of the inordinately large quantities of free destructiveness. Here the destructiveness would be turned back again on to the outer world, society, love objects, without any intervention or critique from the super-ego.

In most cases of epilepsy we find evidence of secondary efforts to engage the defused destructiveness. Reaction formations against the exercise of this product of defusion makes up the greatest bulk of the so-called epileptic character. The bigotry, the "sticky" (a very apt term used by Dr. August Hoch), clammy, saccharine kindliness and solicitude represent such reaction formations. By far the commonest fate of the destructiveness is its turning against love objects, with inhibition, and a consequent heightening of the sense of guilt. The disposition of this guilt again produces various results. If it finds outlet in the urge for absolution and atonement, the result is a religious fanatic. The urge is then projected as the fanatic's wish to save the world from evil; but that the source

of the evil is within himself remains forever unconscious. This fate of the destructiveness justifies the name of "*morbus sacer*."

Three fates of the products of defusion represent sublimations. Such an outcome was described in a case where the energy was used for the invention of labor saving devices. Another type of sublimation is the kind we find in Dostoevsky, where the resolution is attempted by way of morality. The third type is one in which the destructiveness is turned again on to the outer world, but in a socially compatible or even useful character. However suitable for our theses it would be, we cannot present Caesar and Napoleon as epileptics without some misgivings about the truth of the assertion. Yet, if any disease deserves the credit, then epilepsy is surely the disease of conquerors. Here the destruction and rebirth fantasy is projected and acted out on such an epic scale, involving so many generations of time and so many nations of people, that we should like to believe it.

8. Conclusion.

In this essay we have attempted to approach the "ego problem" in two neuroses in which it occupies the main façade. In previous efforts to approach this "ego problem" we were hampered by the weapons and concepts that were so fruitful in the transference neuroses. In this effort we substituted the etiological principle of trauma in lieu of privation. The specific characteristic of trauma is that in addition to affecting the narcissistic value of a given appendage of the ego, it strikes the utility value (*Nützlichkeitsfunktion*). Privation is an etiological principle that maintains only in the case of mobile cathexes, and it is the mobility of the cathexes that permits regression and displacement. Secondly, we directed our attention to the body-ego and found, in certain neuroses, that as the result of a trauma which injured either psychic or somatic portions of the body-ego, a series of purely inhibitory or contractile phenomena appear which involve

either localized portions of the body-ego or the entire sensorium, and which are accompanied by secondary processes in the autonomic system and by a group of highly specific psychic manifestations. To approach these phenomena from the point of view of instinct we are obliged to discard the idea that we are dealing with the same type of cathectic processes observed in the transference neuroses, whose chief characteristic is displaceability and interchangeability. The cathectic processes established by those executive portions of the ego involved in the sensory-motor-apperceptive apparatus are non-displaceable, are not freely interchangeable, and are bound to the organ. In other words the bound energy cathexes of the eye result in seeing; the free cathexes in the libidinization of the objects seen. In the normally integrated ego these bound cathexes are silent; privation forces a realignment of free cathexes; trauma injures bound cathexes.

This thesis follows from Freud's postulate of instinct fusion which makes the division of instincts into the two classes, sexual and ego, obsolete. The protective inhibition of bound cathexes leads to the process which Freud calls defusion; in this process the aggression normally exercised through bound channels in the interest of the libido, becomes anarchic and rages against the outer world in a disorganized manner, or revives one of the earlier types of mastery (like oral mastery), or is directed against the ego itself. Because of the repetitive compulsion, the ego tries to rebind these anarchic destructive energies, and sometimes succeeds spontaneously after retracing the earlier phases that prevail in infancy. In the traumatic neurosis the rebinding is incomplete. In epilepsy the rebinding is periodically attempted by a return to the birth situation. In epilepsy the secondary rebinding may be successful in the form of a sublimation; the energy may reënforce the intellect; it may operate through the channels of morality (Dostoievsky—religion); or it may be turned against the outer world (criminality).

The physioneurosis shows all the dynamics of the transfer-

ence neurosis except those depending on displacement and symbolization. It demonstrates the basically contractile character of repression; that defusion is a general reaction of which regression is only a special case; and finally that narcissistic investment (as in fatigue and sleep) is a buffer which neutralizes the devastating effects of defused destructiveness turned against the ego.

With these premises it is possible to begin the study of the psychopathology of organic disease. They offer an approach to a group of syndromes which may be physioneuroses, such as Graves' disease, and gastric ulcer. They may supply an approach to the problem of the so-called constitutional factor in the genesis of transference neuroses. This factor need not be conceived as anatomical in nature, as a biological substratum, but can be formulated in purely psychological terms. Trauma to the body-ego exerts an important influence on subsequent fusions of instinctual components; the preponderance of destructive elements necessitates higher degrees of narcissistic neutralization. Trauma may set the pattern which determines subsequent direction of the destructive component on to the ego itself; it may thus play a part in the genesis of primary masochism and narcissism. It is quite certain at any rate that improper fusion of bound cathexes can effectively disturb the direction of mobile cathexes and influence their quantitative proportions.¹

In this essay we cannot undertake a discussion of the therapy of these neuroses, which we reserve for a subsequent paper. We wish finally to make acknowledgements to Dr. Bertram D. Lewin for several very helpful suggestions and to Dr. Sándor Radó for clinical observations included in the text, and for clarifying some of the obscure points in the thesis.

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¹ Ferenczi: *The Unwelcome Child*. Int. J. Ps-A. X. 1929.

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ON FEMALE HOMOSEXUALITY*

BY HELENE DEUTSCH (VIENNA)

This paper is based on the experience gained from the more or less profound analysis of eleven cases of female homosexuality. I should like, first of all, to stress the fact that none of these eleven women presented physical signs which might indicate that there had been a constitutional deviation, physiologically, in the direction of masculinity. The signs of accentuated bisexual disposition mentioned in this paper refer to forerunners of what, in later development, we usually call masculinity. These preliminary stages, however, appear to have no physical correlates, or at any rate none that can be determined, for the patients showed no physical signs of masculinity. There are, to be sure, certain homosexual types whose personality, mental and physical, including the secondary sexual characteristics, are of the type which is appropriate to the other sex; but none of my patients belonged to this type.

The first of the eleven cases of female homosexuality was analyzed twelve years ago. Although the patient was aware of her sexual inversion, she did not indulge in homosexual practices; she knew that her erotic potentialities and fantasies were directed towards members of her own sex, and she would unequivocally become sexually excited when she embraced and kissed certain women. Towards these women, she was faithful and monogamous; her relations with them were purely platonic and remained platonic even when she knew that the women had a perverse tendency like her own. There was no particular type of woman which especially attracted her. The women were not in any instance of a masculine type, and she herself was blond and feminine. She felt no hostility towards men, had a number of male friends,

*Authorized translation by Edith B. Jackson. First appeared in the Internationale Zeitschrift für Psychoanalyse, XVIII, 1932.

and accepted their favors and courtship without protestation. She had married a man of outspoken masculine appearance, and had several children by him to whom she gave a maternal, even if not excessively warm, response.

She was unable to explain why her homosexuality had not developed in a more active and urgent way; she only knew that her inhibitions against it were too strong—inhibitions which she rationalized on the basis of social shyness, family duty, and fear of psychic subjugation. She could trace her love response to women as far back as puberty, when it began in a typically adolescent way, directed towards teachers and other individuals more or less in authority. I cannot remember whether she characterized these individuals as particularly strict; in any event she was dominated by two feelings: a feeling of being sheltered, and, on the other hand, a feeling of fear of the individual in question. She was never really in love with a man. She had been attracted to her husband originally because she saw in him an exceptionally active and masculine personality. She was disappointed in marriage from the outset because, as she says, in this very relationship her husband failed to come up to her expectations. He lacked passion and was unaggressive particularly in sexual matters, and in other situations as well he failed her when she was most counting on his activity.

The patient came into analysis on account of neurotic difficulties. She had suffered for years from depressions and feelings of anxiety with a particular ideational content: she could not find the courage to assume the fitting authoritative attitude towards women in her employ. As a matter of fact, she expected a great deal of her servants and was upset when they failed to meet her demands, but she was quite unable to give them orders, much less to reprimand them. In situations which required this of her, she was overcome with timidity and anxiety in the presence of the person to be reproved. With every change in the personnel, and the consequent anticipation of a new woman in the household,

her anxiety and conflict were greatly intensified. In these situations, moreover, she quite consciously reproached her husband for his lack of zeal in protecting and supporting her.

In recent years, her depressions had become more and more frequent and were intimately associated with the danger of suicide. The patient had already made a number of unsuccessful suicidal attempts; the last one had brought her to the verge of death. It happened that the physician called to her rescue was a close friend of mine, and he assured me that her intention to commit suicide had been genuine.

The patient's analysis for months revolved about the castration complex. At the time of this analysis—twelve years ago—the assumption of a castration complex in women was not such a matter of course as it is today. During the analysis I was so fascinated by the material dealing with this theme, that I was tempted to consider the castration complex the nucleus of her neurosis as well as of her perversion. She was so full of penis envy that it appeared even in her relation to her little boys whose penis she cut off in dreams and fantasies. Even though the patient was dominated by marked sadistic tendencies, her conscious personality was more reactive in character. That is to say, she was kind and gentle and showed unmistakable obsessional neurotic traits, such as exaggerated decorum and propriety. Her transference to me was very pronounced and was characteristic of that type whose actions as well as conscious responses over a long period of time reveal nothing except tenderness, respect and a feeling of safety. The patient was very happy and felt as if she had at last found a kind, understanding mother, who was making up to her all that her own mother had denied her. Her mother had been a stern and distant individual whom the patient had quite consciously hated all her life. After her mother's death (which occurred several years before the analysis began) the patient had a severe depression, during which she made one of her attempts at suicide.

The patient had several attacks of depression during the

course of the analysis, following one another at short intervals. They were always accompanied by characteristic dreams and brought to light definite material. I discussed these dreams at the time—twelve years ago—at a meeting of the Vienna Psycho-analytic Society in a brief communication, under the title of *Mutterleibsträume und Selbstmordideen* (Uterus Dreams and Suicidal Ideas). Without presenting these dreams in detail, I may state that they contained practically everything we know about uterine symbolism; they were dreams of dark holes and crevices in which the patient crawled, dreams of comfortable dark places in which the dreamer felt at home and in which she lingered with a feeling of peace and redemption. These dreams appeared at a time when the patient was weighed down by conscious urges to kill herself, and was insisting that if it were not for her relation to me and her confidence in me, no power in the world could restrain her from committing suicide. One special dream-picture kept reappearing in the dreams: the patient saw herself as an infant swaddled with strips of tape or bandages. Her associations to this dream-picture made it clear that two hazy memories were emerging in these dreams. One referred to her last suicidal attempt (with poison): she awoke from a deep loss of consciousness while still strapped to the stretcher; she saw the doctor with a kind smile on his face, leaning over her, realized that he had saved her life (which was quite true) and thought, "This time you saved me, but after all you can't give me any real help."

Another set of associations led to the memory of a dangerous operation which her mother had undergone. The patient remembered seeing her mother, wrapped up as she herself was to be later, transported to the operating-room on a stretcher.

Starting from this memory the analysis led to an aggressive, murderous hate against the mother, which up to this point had been repressed, but which now became the central theme of the analysis. After about eight months' analysis childhood

memories began to appear, and these turned out to be the nucleus of her neurosis as well as the nucleus of her perversion. The memories went back to the time between the patient's fourth and sixth years when she was masturbating to an alarming extent—at least from the mother's point of view. It was impossible to decide whether this masturbation really exceeded the normal amount, nor could we determine the content of the fantasies which, presumably, had accompanied the masturbation. But it is a fact, according to the patient's statement, that the mother resorted to the following method of checking the patient's masturbation: she bound the patient's hands and feet, strapped them to the crib, and said, as she stood looking on, "Now play if you can!" This aroused two reactions in the little girl. One was ungovernable rage against her mother, which was prevented by the fetters from discharge in motor activity. The other was intense sexual excitement, which she tried to satisfy by rubbing her buttocks against the bedding, regardless of her mother's presence, or perhaps to vent her spite on her mother.

The most dreadful thing in this scene, for her, was the fact that her father, summoned by the mother, was a passive witness and did not offer to help his little girl despite his tender affection for her.

This memory was recovered in the analysis while the patient was associating to the following dream:

She saw herself behind the bars in a police station, accused of some sort of sexual offense—apparently brought in from the street on suspicion of being a prostitute. The police sergeant, a kindly man, stood on the other side of the railing and did nothing to help her.

This is an almost direct repetition of the childhood situation.

The patient stopped masturbating after this childhood scene, and with this renunciation for a long while repressed her sexuality. At the same time, she repressed her hatred for her mother, to which she had in reality never given full expression.

I do not believe that the scene with her mother, which occurred in the patient's childhood, was traumatic in the sense of causing the patient's later attitude. But concentrated in it were all of the tendencies which had a determining influence on her whole sexual life. Her reproach—that her mother had forbidden her to masturbate—would certainly have been present even without this scene. The hate reaction against her mother, in accordance with the patient's sadistic constitution, was also to be seen in other childhood situations, as well as the reproach that her father did not protect her from her mother. But this scene brought all of these tendencies to the boiling point, as is were, and so became the prototype for later events.

From this time on, all sexual excitement was bound up with the maternal prohibition and with the most intense aggressive impulses toward the mother. Her whole psychic personality resisted these hate impulses, and as a reaction to them there awakened in her an intense sense of guilt towards her mother, which led to a transformation of the hate into a masochistic libidinal attitude. It is, therefore, comprehensible that the patient should reply to the direct question, why she had never yielded to a homosexual attachment, with the answer that she was afraid of becoming subjugated to the sexual partner. She was, indeed, afraid of being masochistically attached to her mother. It will also become clear why she was afraid of the women in her employ and why she chided her husband for not adequately protecting her.

Even though, during her analysis, the patient manifested an exaggerated penis envy, it did not stand in the center of her personality, either characterologically or in her behavior towards men. She was not a woman with a "masculinity complex". However, it seems that this had not always been the case, for in her childhood before the eventful experience and also during puberty, there had been periods in which infallible signs of strongly developed masculine activity could be demonstrated. Especially at puberty many of her interests

were quite unusual for a young girl in her social class at the time. This streak of masculinity was splendidly sublimated at the time, and indeed throughout her life. Yet a not inconsiderable part persisted and burdened her psychic economy, as dreams and certain inferiority feelings, etc., clearly showed.

I was very much tempted to assume that the patient was living out her masculinity in her homosexuality. But in this very point she failed to fulfill my analytic expectations, and presented me with a problem at the time which I could understand only years later. In order to adhere to a somewhat chronological order and present the facts as I learned them, I shall, for the time being, discontinue theoretical formulations.

After the above-mentioned part of the analysis had been worked through (after eight months) the father made his first real appearance as a topic of analytic material, and at the same time all of the impulses belonging to the oedipus complex were revived, starting with the chief, unremitting, reproach against the father that he had been too inactive to love his daughter. I should like to emphasize the fact that even at that time it was clear to me that the hate against her mother and the libidinal desire for her were much older than the oedipus complex.

I hoped that the patient's libidinal future would shape up more satisfactorily with a revival of the father relationship, especially when this relationship had been retouched and corrected. I referred her to an analyst of the fatherly type. Unfortunately, the transference did not advance beyond respect and sympathy, and the analysis was interrupted after a short time. About a year later I met the patient and saw that she had become a vivid, radiant person. She told me that her depressions had entirely disappeared. The wish to die which had been almost continuously present and her nostalgia had apparently receded completely. At last she had found happiness in a particularly congenial and uninhibited

sexual relationship with a woman. The patient, who was intelligent and conversant with analysis, informed me that their homosexual relationship was quite consciously acted out as if it were a mother-child situation, in which sometimes one, sometimes the other played the mother—a play with a double cast, so to speak. Moreover, the satisfactions sought in this homosexual love play involved chiefly the mouth and the external genitalia. No “male-female” contrast appeared in this relationship; the essential contrast was that of activity and passivity. The impression gained was that the feeling of happiness lay in the possibility of being able to play *both* rôles.

The result of her analysis was evident. Everything that had come to the surface so clearly in the analytic transference was now detached from the person of the analyst and transferred to other women. The gratifications denied her in the analytic situation could now be found in the relationship with the new objects. It was evident that the overcoming of her hostility toward the analyst had brought with it the overcoming of her anxiety and, consequently, a positive libidinal relationship to women could appear in place of the anxiety and hostility which had caused the neurotic symptoms—only, of course, after the mother-substitute object had paid off the infantile grievances by granting her sexual satisfactions. The analytic treatment had not brought about the further and more favorable solution of the mother attachment, that is, a renunciation of her homosexuality and an inclination towards men. Here I should like to interrupt my discussion and present some of the other analyzed cases before continuing with the theoretical considerations. For the sake of completeness, it may be added that after the analysis the patient made no more suicidal attempts; but I have heard that the old difficulties with women in her employ have recently begun again. I suppose that some disturbances in the love relationship occurred, which probably resulted in a neurotic reaction. But in any case there has been no suggestion of the depressions as they were before the analysis.

In the course of the last three years I have analyzed several cases of female homosexuality—cases in which the perversion was more manifest than in the one just described. Analysis with them began, so to speak, where this patient's analysis left off. All of them were in a more or less consciously recognized mother-child relationship with their love object. Sexual satisfaction was obtained in all these cases from the following practices: close embrace, mutual sucking at the nipples, genital and (more prominently) anal masturbatory stimulation, and intense mutual cunnilingus. Of special interest is the prominence given to the double rôle in these cases also.

One of these patients had divided the double rôle between two types of objects: one type, represented by an insignificant, needy young girl, who would take the part of the child; the other by an older, very active and very authoritative woman with whom the patient herself played the part of the child. The latter type of relationship usually began when the patient, who was very active and professionally ambitious, entered into a sublimated relationship with the woman, remained for a short time in a scarcely noticeable attitude of competition (of which she became conscious only through analysis), and then began to fail in her work in a clearly neurotic way, so that she would be in a subordinate position to the particular woman in question. For example, the end-result of writing a technical article, which had been undertaken jointly, was that the patient—perhaps the more gifted of the two—would play the part of a secretary in editing the work. If sexual approaches were made during work of this kind, the rôle of active seducer was always conceded to the other woman.

From the life history and the analysis, I shall select only the material needed for the theoretical considerations to be presented later.

The patient belonged to a very large family; she had many sisters and two brothers, of whom only one, four years her senior, played a part in her life story. When she was only

nine months old, a new sister arrived, a competitor who disputed her right to the mother's breast. She suffered, in early childhood, from all sorts of oral symptoms, from which it was possible to reconstruct a situation which might be described as "oral envy". She remained for a long time in a competitive relation to this sister, to whom, even in childhood, she gave precedence—an evident overcompensation. For instance, she recounted in the analysis that very early in childhood, she had heard that when there is such a slight difference in age and such a striking resemblance between two sisters as there was between her and her sister, only one of them could marry and have children. She thus retired from the feminine rôle in favor of her sister; and in adolescence, when her parents were divorced after the birth of the last child, she waived her claim to the father to the advantage of the other children and remained with her mother.

Very early in childhood, the patient developed reaction formations to aggressive tendencies which, before the birth of the next sister (when she was six), were suggestive of obsessional neurosis; they did not, however, develop to any great degree. At any rate, during her mother's pregnancy at that time, she reproached herself bitterly because she did not feel as kindly disposed towards her mother and the expected baby as her younger sister Erna did; she was convinced that the latter prayed every morning for the well-being of the mother and child.

The analysis uncovered strong aggression against the mother,¹ especially against the *pregnant* mother, and against the newborn child. The life of the patient and her whole character had developed, as it turned out, under the pressure of an attempt to dispel thoughts of killing her mother and the child.

¹ Melanie Klein's observations show very clearly how bloodthirsty and aggressive a child's relations to its mother are, especially when an actual event (e. g., the birth of a younger child) mobilizes the aggression. The great value of these observations lies in the fact that they were made directly on children.

The reaction recurred afresh at the two following pregnancies of her mother—the children again were both girls; and only after the birth of her youngest sister, when the patient was twelve years old, did her psychical situation change. When she was very young, the patient always thought of her father as a mysterious, strange and powerful man, in whose presence one could not help feeling timid and anxious; but her attitude gradually changed, for the father had acquired a heart affection which finally incapacitated him for work. The family was thus involved in material difficulties, and with this stimulus, the patient took over the father's rôle herself, and gave free play to fantasies in which she held good positions and supported the family. As a matter of fact, by dint of hard work she later realized these fantasies.

In spite of the identification with her father, and in spite of the fact that she envied her brother's masculinity, she did not take the competitive attitude toward her youngest sister that she had taken to the other sisters when they were born. She was, on the contrary, highly pleased with the rôle of being a "little mother" and claimed the child entirely for herself. In this situation, she was behaving quite normally as far as the oedipus complex was concerned. The analysis showed that this positive oedipus attitude was reached only because she had dethroned her father from his position of supreme and unapproachable power, and that only then could she overcome the intense fear of the masochistic, sexual experience which she desired.

My experience substantiates my assumption that this change of object—the libidinal turning away from the mother to the father—is accomplished with more difficulty, the more aggressive and sadistic are the predominating dispositions in the little girl, not only because the change of object is hindered by the active strivings, but also because the change into the passive attitude must, in cases of this type, assume a marked masochistic character and be repudiated by the ego as dangerous.

Our patient had certainly attained the normal oedipus situation, as her puberty clearly showed, but the ensuing rivalry with her mother provided fresh fuel for the old pre-oedipal aggression. This intensified her sense of guilt, which could be relieved only by means of a new overcompensation—renunciation of her father and definite persistence in her mother attachment.

To reduce the psychological basis of this relationship to a formula, we might say: "I do not hate you; I love you. It is not true that you have refused me the breast and given it to my youngest (so to speak, pre-oedipal) sister; you gave it to me, and, therefore, I do not need to kill you and the child. It is not true that I have killed the child, for I myself am the child whom you love and suckle." This fundamental attitude toward the mother is reflected not only in the form of the direct oral satisfaction in homosexual intercourse with the young girl (see above), but also in the above-mentioned submissive, passive attitude to the elder love-partner.

It must be noted that homosexuality as stated in the above formula as yet does not involve the oedipus situation, and is a continuation of and a reaction to the pre-oedipal situation.

However, the type of relationship which the patient had with the young girl corresponds not only to the active part of the original mother-child relationship—in which she makes a typical identification with the nourishing mother—but quite clearly makes use of new elements taken from the oedipus situation. The young girl is always a surrogate for her youngest sister—toward whom she actually had assumed a maternal rôle as a lifelong sublimation—but she is unsublimatedly homosexual with her love object, a relatively unknown young girl. In this relationship, she is at times the mother who suckles her child (or the father's child), and at times the suckled child herself. In this sexual experience she is able to transform the hate of her mother into love, for she is given the mother's breast; at the same time, she can be the active, suckling mother and thereby transform the aggression against her mother into activity.

At this point I should like to report some of the dreams which occurred in this patient's analysis, and from abundant material I shall select those which offer confirmation for the above statements even in the *manifest* dream content. One dream ran as follows:

The patient sees herself on the street with her younger sister. She is pregnant. She is in a hurry to reach a house which she sees in front of her. In the middle of the front of this house is a large projecting bay-window with one of the windows open. This is her mother's room; she wants to get there to give birth to her child. She is very much afraid that she will lose the child on the street, that is, that she will miscarry before she reaches the house. She expresses this fear to her sister, and then really does miscarry in the street.

The dream was readily explained by the patient's actual situation at the time. The day before the dream, she had been visited by a young friend, living in another city, whom she had not seen since the beginning of the analysis. This friend was really a homosexual object after the pattern of her youngest sister. They slept together, and the patient held her in her arms, pressed closely against her. But before there was any sexual release, she was upset by an uneasy feeling that the gratification of her homosexual wishes might possibly interfere with the analysis. She therefore made the friend leave the bed—lost her, as it were, out of her arms—in order not to disturb her relationship with me. It is clear that the pregnancy in the dream—the condition in which she has the child with her (within her)—is equated with her experience of the sexual embrace. The longing for her pregnant mother in the dream, which appears as a uterine fantasy in terms of a projecting bay window, and her simultaneous identification with her mother and with the child *in utero* is unusually clear. Furthermore, in the same analytic hour the patient remembered, for the first time, that when she was about three and a half years old, her mother had had a miscarriage. It was in this period of her childhood that she had been deeply attached to her mother and had reacted with such extraordinary aggression to the pregnancy.

The other fragment of the dream: "I am walking with my youngest sister"—likewise expresses the situation before she

fell asleep and means: "I have my beloved one beside me". This dream situation betrays the analytically established fact that the sexual relationship with her friend also includes a fulfilment of the oedipal wish, since the new little daughter belongs to her and not to her mother. The dream situation—to reach the mother and bear the child, or, on the contrary, not to reach the mother and to lose the child—portrays with unusual clarity the identity mother-child; that is, "to bear" equals "to be born", and relates to the pre-oedipal situation at the time of the mother's miscarriage. The fusing of this situation with oedipal wishes and its screening by the wishes of the oedipus attitude also seem to be clear in this case. I shall report only a fragment of a second dream:

The patient lies dreaming on a couch, a figure approaches her and tries to expose her. She tries to shriek and wakes up with the exclamation, "My God, doctor!"

She notices on awakening that she had her hands between her legs.

A series of associations to the dream led to a theme with which her analysis was dealing at this particular time—namely, masturbation. For quite a long time during the analysis the patient had refrained from masturbation because of the embarrassment she might feel in telling me of it. Shortly before, however, she had begun to allow herself to do it—with inhibitions—under the impression that I had nothing against it. Her exclamation, "My God!" referred to me and meant that I should save her from the danger of punishment—that is, protect her or give her my sanction. This interpretation was clear from the associations, some of which led to the memory of a childhood experience. She had once touched an electric switch with a wet hand, so that the current had run through her, and she could not take her hand away. In response to her outcry ("My God") her mother had hurried to her, and also became a part of the circuit; with this, the current was weakened and the patient was able to release her hand. She had been rescued by her mother's

interference. Like her mother, then, in the dream, I was to save her from "touching"—from the consequences of trespassing and doing a forbidden thing, by coming into the circuit of her excitement myself, by embracing her and gratifying her.

This excerpt from the dream serves to illustrate the other important feature of her homosexuality; her conflict over masturbation is brought to this apparently favorable solution by maternal intervention—that is, by the mother's expressed sanction. In another dream:

A tall, heavy-set woman whom she takes to be her mother, although she is taller and heavier than the latter, is in deep mourning because Erna (her next younger sister) has died. The father is standing nearby. She herself is in a cheerful mood because she is about to go away with her father on a spree. A glance at her mother warns her that this will not do, and that she must stay with her grieving mother.

This dream interprets itself. The patient is unable to satisfy her oedipal wishes and cannot be gay and happy with a man, because her feelings of guilt, which refer to the mother whose child she has killed, bind her to her mother and force her into homosexuality. From another long and informative dream, I cite here only a fragment.

She sees herself in analysis with Miss Anna Freud who is wearing men's clothes. This was explained in the dream by the fact that it was necessary for her to change analysts. With me it had been a question of producing free associations, with Miss Anna Freud it was a question of experiences.

On the evening before this dream, the patient was taken by her friends to a lecture held in the rooms of the Vienna Psychoanalytic Society, at which both Miss Freud and I were present. She told me in connection with this dream, that originally Miss Freud and I had been recommended to her as analysts. From the descriptions of us which she had heard, she had made up her mind what we were like; in her imagination Miss Freud represented a maternal ideal, a person who was motherly to all children, and ready to give them succor whenever they turned to her for help; my motherliness, she

imagined, was directed especially toward my own children (that is to say, sexualized). Furthermore, it occurred to her at this point that before making her final decision, she had intended to write to us both, but, as a matter of fact, and as she now remembered for the first time, she had asked only for my address.

The evening before the dream, she had had a chance to compare us. She thought to herself, how true her idea about us had been, and how happy she was to be in analysis with me. This protestation seemed somewhat dubious to me, and I called her attention to the fact that the dream appeared to contradict it. It had struck me that the patient, who had gone to the lecture to see a certain analyst there, had not said a word about him, although he was sitting next to Miss Freud. Furthermore, she had not explained why, in the dream, Miss Freud appeared in men's clothing. A few days later she dreamed:

I am sitting facing her instead of behind her (as I always do) and am holding a cigar in my hand. She thinks, "The ashes are so long on the cigar that they will drop off any second."

She says, as her first association to the cigar, "Only men smoke cigars."

The masculinity, attributed to me, reminded me of the corresponding detail in regard to Miss Freud in the preceding dream. I then remembered that as the patient sat facing Miss Freud at the lecture, she must at the same time have seen on the wall the picture of Professor Freud, in which he holds a cigar in his hand. A similar picture is on my office desk. I showed this to her, and she agreed that the position of the hand holding the cigar was the same as mine in the dream.

Further analysis showed that she had dearly wished to be analyzed by Professor Freud, but that this wish, springing as it did from her deep longing for the great man—the father—had been repressed, and that along with it, Miss Freud had been included in the repression. In addition, as already

stated, she repressed the fact that she had met the analyst referred to above, and her impression of Professor Freud's picture. The repressed then asserted itself in the masculinity attributed to Miss Freud and me.

The way the father reappears in the dreams testifies to the fact that the patient's turning to the woman corresponds also to a flight from the man. The analysis revealed the source from which this tendency to flight originated: feelings of guilt toward the mother, fear of disappointment and of rejection.

To survey the case again briefly, we see that the first period of the patient's life was passed under somewhat unusual conditions. For a while she was nursed together with a younger sister, and when, finally, she had in her sister's interest to give up suckling, she developed (somewhat justifiably) a marked oral envy. When she was three years old, her mother became pregnant again, and she reacted to the anticipation of the child with great hostility and jealousy. The dream of the miscarriage illustrated the psychic condition of the little girl at the time, and her intense wish that she herself should be the child in the mother's womb.

This dream however was screened by reminiscences from a later period of her life (her twelfth year), and in the identification with her mother she betrayed her wish to have the child herself. This wish already is part of the oedipal attitude, which developed apparently late and slowly, but none the less *powerfully*, as we could see in the analysis.

It is hard to say whether her infantile and never relinquished longing to possess her mother for herself alone and be fed and cared for by her, tended to have an inhibitory effect on normal libidinal development, or whether the difficulties of the oedipus complex, as we know them in other cases, were the decisive factors in determining the later fate of the little girl's sexuality. I tried to show, above, in interpreting the dreams, that her return to her mother had not made her relinquish her longing for her father, but that she

was constantly and anxiously fleeing from him, and consequently repressing her feminine attitude to men.

From the reported material, I should now like to deduce certain theoretical conclusions, which seem to me to represent important additions to our understanding of female sexuality in general, and of female homosexuality in particular.

It is repeatedly stated that our knowledge of *female* sexuality reaches no further than its correspondence with *male* sexuality in *childhood*. Only in *puberty*, when women really become feminine in the biological sense, are the conditions clearer and more comprehensible. Some of the important processes of the early stages of development were clarified by Freud's paper, *Einige psychische Folgen des anatomischen Geschlechtsunterschiedes*. In this paper he demonstrates the fact that the *oedipus complex* is not established in girls until after the phallic phase. I had already discussed¹ the stage in a girl's development which follows the phallic phase, and in which there is a thrust into passivity (*Passivitätsschub*). The central feature of this phase is the wish to be given an anal child by the father. I pointed out, in this discussion, that the thrust into passivity is really a regressive process, and represents a regression to a phase preceding the phallic organization which is identical in boys and girls. We are too readily fascinated, I think, by the events which take place in the phallic phase and by its manifestations and latent potentialities, so that we have emphasized the phallic phase to the neglect of the succeeding stage of passivity, which has been treated more like a stepchild. We rest content with the fact that the wish to have a penis has been yielded in *exchange* for the wish to have a child, and that then it is up to the normal psychical powers inherent in the child to cope with the next frustration and to solve the new problem without harming itself. There is, I believe, no clinical observation to confute the idea that the intensity with which a child is desired is entirely de-

¹ Deutsch, Helene: *Psychoanalyse der weiblichen Sexualfunktionen*. Int. Psa. Verlag, 1925.

pendent on the intensity of the preceding wish for a penis; therefore, one may say that the stronger the wish to have a penis, the stronger will be the subsequent wish to have a child; and the more difficult it is to bear being denied a penis, the more aggression will there be in the reaction to the thwarting of the wish for a child. Thus arises a vicious circle which often obscures the state of affairs for analysts; we find repeatedly that the very women whose violent psychic conflict was occasioned by the castration complex (i. e., by penis envy) are the ones who also have an ardent feminine wish for a child.

A girl may have had a fairly normal sexual development up to the beginning of the *cedipus complex* and given up all hope of having a penis, so that she is ready for the transition from phallic activity into passivity—that is to say, she is ready to conceive the anal child by her father. This, however, is not sufficient to enable her to withstand the next bitter disappointment, which appears when she is denied a child. Keeping in mind the scheme of libidinal development we must not forget that along with this thrust into passivity a number of active forces are revived and raise their heads again because of the renewed cathexis of pregenital tendencies. They find their place without difficulty in the normal mental economy. For the rôle of the mother with the child, as the little girl playing with her dolls well illustrates, is an active one.

But what happens when the girl recoils in fright from the masochistic danger of the thrust into passivity? And when she cannot bear the actual disappointment of being denied a child, yet is convinced of the futility of her wish to have a penis? Let us get the situation clearly in mind: the child is no longer narcissistically stimulated by the wish for a penis which she recognizes cannot be fulfilled; she feels rejected by her father, because of denial, disappointment or anxiety; she is left with libido which has little opportunity for sublimation. What will she do? She will do what all living creatures do in situations of danger. She will flee for refuge to the

shelter where she once enjoyed protection and peace, to her mother. To be sure she had been disappointed by her mother too, but preceding all her denials there had been a time of satisfaction, for the refusing, hated mother had been at one time the source of all gratifications.

There is no doubt that even in the phallic phase the sexual instincts derive some satisfaction from the mother's routine care of the child. But apparently the claims at this time are more intense and they cannot, because of their dependence on the functions which are helping to build the ego, be satisfied to the same far-reaching extent as they were in preceding phases. Let us consider also that the phallic sexual aims were undisguised, that they were voiced easily, and that the mother's horror on her discovery of the wishes betrayed by the child was evident. We know from the analyses of mothers that their horror at the masturbatory actions of the child is the greater, the more their own unconscious memories of their own childhood masturbation are mobilized by direct observation of their children's behavior. The restrictions to which the child is now subjected will cause a stronger reaction the more the mother herself has excited the child, in her unconscious rôle of seducer. Subsequent *direct* prohibition of masturbation and forcible interference with masturbatory activity rouses the hostility against the disciplinary mother to a high pitch. Moreover, with phallic masturbation comes the *affective* discovery of the anatomical "defect".

We already know that the girl blames her mother for depriving her of a penis. The sadistic impulses of the phallic phase are, accordingly, directed against the mother, and they are probably the impetus for the change of object. The change to a sadistic attitude toward the mother facilitates the passive masochistic attitude toward the father; all of this results from the phase that I have called the "thrust into passivity". It is certain, however, that the aggression is not entirely conducted into the masochistic passive attitude. Much of the aggressive impulse is turned against the disap-

pointing father, and much remains attached to the mother who is now regarded as a rival. The intensity in any case is dependent upon the strength of the phallic activity. Furthermore, the change to masochism will occur with greater intensity, the more it is nurtured from the sources of aggression. Analysis of patients who have a very strong castration complex shows unequivocally how full of danger the passive attitude is as regards the development of masochism, and how blood-thirsty and murderous are the ideas of revenge on the mother, especially on the mother who in fact or fantasy is pregnant, or who already has another child. This attitude supplies the masochism with its moral component in addition, and the strength of the moral component is directly proportionate to the strength of the aggression.

We are thus aware of the dangers with which the little girl is beset in this phase:

1. Libidinal masochistic danger because of the expectation that her father may fulfill her wishes.
2. The danger of losing the newly chosen object as a result of refusal on her father's part.
3. Dangers of narcissistic injury of the ego libido, incident to the realization of the permanent lack of a penis.

In the midst of these great dangers, the libido, as we have said, turns to the earlier object again, and obviously more easily and more ardently the stronger the earlier attachments had been. It is a reversion to previously enjoyed experiences, as it were. I mean by this, that the aggression due to rivalry arising from the oedipus complex, and the more highly organized sense of guilt, are now combined with the early infantile ambivalence conflicts.

The economic advantage of this new turning to the mother lies in the release from a feeling of guilt. But it seems to me that its most important accomplishment lies in the protection from the threatened loss of object: "If my father won't have me, and my self-respect is so undermined, who will love me, if not my mother?"

Analytic experience offers abundant evidence of this bisexual oscillation between father and mother, which may eventuate in neurosis, heterosexuality or inversion. We see the libido swinging between the poles of two magnets, attracted and repelled. Prospects of wish-fulfilment represent the *attraction* by one pole, frustration, fear, and mobilization of guilt feelings the *repulsion* from the other; and we see the same thing happening in the case of other magnets; and as one of the most serious results of this oscillation, an obstinate narcissistic standstill appears somewhere in between. There are cases of blocking of affect, and especially clinical pictures of narcissistic disorders, which do not fit into any of the recognized forms of neurosis, but which do correspond to a standstill in the pendulum swing of libido as just described. If the oscillation is set in motion again in the analytic transference, the obsessional neurosis, whose oscillating ambivalence had been concealed by the emotional block, becomes apparent.

There was in these cases of female homosexuality a longer or shorter phase of indecision, which offers proof that it was not a question of a simple fixation on the mother as the first love object, but rather a complicated process of returning. The decision in favor of the mother as the attracting magnet lies naturally in the old powers of attraction, but also in the repelling forces from other magnets—denial, anxiety, and guilt reactions.

The return to the mother, when once started, needs the completion of still another process before it attains the character of a genuine inversion. First of all, the motives which once really induced the little girl to respond to the biological urge toward the father must be made retroactive. Accordingly, the sexual satisfaction of masturbation, which has been forbidden by the mother, must not only no longer be prohibited, but must be consented to by the mother by an active participation. The denial of the past must be made good by subsequent permissions, and indeed quite as much in refer-

ence to the original passive experience as to the subsequent active experience. One might say that the interruption of the phallic activity is made up for by this consent to activity which had been impossible in the past. The form which this active behavior of the girl toward the maternal object takes depends on the developmental stage at which the homosexual object relationship is taking place; that is, to speak more correctly, it depends on which is the most predominant stage, for, on closer observation, we see in the reactivation *all* phases in which the mother played a rôle, which is equivalent to saying, all the stages of the preceding infantile development. Usually the most urgent tendencies are the phallic ones, and they cause the relationship of one female to another to assume a male character, whereby the absence of a penis is denied. These tendencies can indeed dominate the general picture of homosexuality, and may give rise to a definite, and as a matter of fact, the most outstanding, homosexual type.¹ This type denies the absence of a penis, expects that her feminine object will grant her her masculinity, and accepts phallic masturbation as a confirmation in the above-mentioned sense. It is then not very important whether the femininity of the object is to be emphasized, or whether both the subject and object are simultaneously affirming possession of a penis, so that the object may also take her turn in playing the masculine rôle. These are two sub-types of the same species. The extent of the old competitive attitude, especially in cases

¹ The case of female homosexuality published by Freud would also be classified under this "masculine" type, even though the original attitude of the patient was thoroughly feminine, and the masculine wish corresponded only to a subsequent identification with the once loved father. (Freud: *Über die Psychogenese eines Falles von weiblicher Homosexualität*. Ges. Schr. V. Trans. in *Coll. Papers*, II.)

The two cases of female homosexuality described by Fenichel in *Perversionen Psychosen, Charakterstörungen*, Int. Psa. Verlag, Wien, 1932 (English translation, by Lewin and Zilboorg, *Outline of Clinical Psychoanalysis*, this QUARTERLY, I & II [to follow].), illustrate the same mental mechanisms as Freud's case. These cases also represent a "masculine" identification with the father as a reaction to being disappointed by him.

where an early displacement from the mother on to a sister took place, the quantum of masochistic or sadistic component, that is to say, the preponderance of aggressive tendencies or of reactions of guilt, a more passive or a more active casting of the rôle—these are all merely details in the total problem of female homosexuality.

I said that the phallic masculine form of homosexuality was the most outstanding one. But there are always many deeper currents hiding behind it. It is my impression, indeed, that this masculine form is sometimes brought into evidence for the very purpose of hiding the more infantile, but none the less predominating tendencies. The majority of the cases which I have analyzed were forced to an honest and extensive relinquishment of their masculine behavior by the strength of their pregenital urges. The mother-child relationship at pregenital levels, in the deeply entrenched fixation of the pre-phallic phases (whether consciously or unconsciously), dominated the perversion. The wish for activity belonging to the phallic phase is carried along in the regression, and reaches its most satisfactory fulfilment in the homosexual relationship. The frequent expression of the small child, "when you are little and I am big", finds its realization here in this double rôle which is always played in this relationship, in which the child does everything with her mother that the mother had at one time done with her. Such freedom of activity, and the giving of free rein to masturbation are motives held in common by all forms of homosexuality. If in the phallic situation the mother compensates for the child's hurt by some sort of assent to the child's belief in the presence of a penis, then, in this new edition of the mother-child relationship, the pregenital frustrations and denials must also be compensated, and this indeed happens often enough in the satisfaction which homosexual persons derive from their activities. Freud laid special emphasis on the marked preference of the oral mucous membrane in the activities of female inverters in the *Three Contributions to the*

*Theory of Sex*¹ and Jones² has found the disposition to female homosexuality in the oral sadistic phase. I feel that all my cases offer thorough confirmation of this dispositional element. I can state, furthermore, with complete security that not one of my cases failed to have a very strong reaction to the castration complex; a complete oedipus complex with exceedingly powerful aggressive reactions could be demonstrated in every case.

The return to the mother-child attitude was always introduced by the wish for the child which had been expected long since in place of a penis, but which had continued to be withheld. One of the sources from which the inversion is nourished is the reaction to the fact: "It is my mother who gets the child, not I". Not until later when the child herself has become a mother does the disposition for cruelty indicated in this reaction find adjustment, and then in a complicated manner in her own mother-child relationship. The above mentioned patient produced unequivocal evidence for this in her dreams.

Considering the great complexity of the mother-child relationship, it is not surprising that the longing for the mother assumes the character of womb fantasies. We were able to observe this tremendous combination of longing for the mother with a wish to die in our first patient, as a contribution to the subject of mother attachment and fear of death.

I cannot leave this subject without a few remarks on a question which has a bearing in this connection. Is it really necessary to explain the little girl's attachment to a maternal object in such a roundabout way? Would it not be much simpler, for instance, to speak of an original fixation and to look for the causes in constitutional factors? I have considered the material without prejudice, and yet in every one of my cases of analyzed homosexual women, the light or the

¹ Ges. Schr. V. English trans. by A. A. Brill.

² Jones, Ernest: *The Early Development of Female Sexuality*. Int. J. Ps-A. VIII, 1927.

shadow cast on the original relationship by the father's presence has played an important and necessary part.

As a matter of fact, in recent years, I think I have occasionally observed a state of affairs in certain cases in which the oedipus complex had apparently played no rôle at all, or almost none, and in which the libido had never known but *one* object—the mother. But these were very special cases, whose whole neurosis had the character of general psychic infantilism with diffuse anxieties and perversions, and whose transference could not be released from an obstinate incorrigible, anxious attachment.

Under the stimulus of Freud's latest paper,¹ it would be an undertaking well worth while to collect some of the obscure clinical cases, since they might possibly find their explanation in the primary mother attachment. In this group, in addition to the above-mentioned cases of infantilism, there would surely belong certain forms of hysteria whose "secondary gain" proves so incorrigible because it is a clear repetition of the early infantile situation, when the child was taken care of by the mother.

Returning to my theme, there still remains the question as to when the girl's final decision in favor of homosexuality occurs. It is known that the girl's infantile period of sexual development does not come to such a sudden and radical conclusion as the boy's. The change of object takes place gradually and it would seem that only with puberty comes the final decision both as to the choice of object and the readiness for the passive attitude.

Girls show a much stronger dependence on the mother during the latency period than boys. This may be related to the girl's fear of losing her object, as I have tried to explain above, and also to the type of sublimation, which in girls tends rather to establish affectionate object relationships, and in boys is expressed in an active response to the outer world.

¹ Freud, Sigm.: *Über die weibliche Sexualität*, Int. Ztschr. f. Psa. XVII, 1931. (English trans. *Concerning the Sexuality of Woman*, This QUARTERLY, I, 1932.)

On the other hand, it appears that during puberty the girl shows a more definite sublimation in the direction of the outer world in the "thrust of activity" (*Aktivitätsschub*), which I have described.¹ This would indicate that the feminine passive attitude is not completely formed during the infantile phase. The tomboyish period during the girl's puberty is widespread and normal. The girl derives from it the best energies for sublimations and for the formation of her personality, and I think I make no mistake in allowing myself this variation of a statement by Richard Wagner: "The girl who had nothing of the boy in her during her youth will turn out to be a *vacca domestica* in later life." Of course, we are aware of the great dangers which this period of activity conceals with respect to the "masculinity complex" and its neurotic consequences. If it is true that the final change of object takes place in puberty, then this shift to activity must add dangers for the heterosexual attitude, and the masculine tendencies of puberty will also contribute their share to homosexuality.

In conclusion, we have still to mention the final struggles in *overcoming* the oedipus complex during puberty. We have a classical example of this in a case of female homosexuality (to which we were introduced in the above-mentioned publication of Freud), which developed in puberty as a result of difficulties with the oedipus complex. However, I must repeat that in all of the cases under my observation the corner stone for later inversion had already been laid in the first infantile period.

¹ *op. cit.*

EGO FEELING IN DREAMS*

BY PAUL FEDERN (VIENNA)

I cannot assume that every reader interested in this study of the dream will care to read or reread my previous communications; therefore, by way of introduction, I should like to review the more important results of my previous studies of ego feeling and outline the conception of the ego which grew out of them.

Ego feeling is the sensation, constantly present, of one's own person—the ego's own perception of itself. This statement reaffirms the idea, emphasized especially by Österreicher, that “the ego” is not a mere abstraction devised to convey in a single word the idea of the “ego participation” (*Ichbezogenheit*) of actions and events. Neither is the ego solely the sum of these ego participations, nor do I regard it merely as the sum of the ego functions (Nunberg), nor yet simply as the “psychic representation” of that which refers to one's own person (Sterba): these are all aspects of the ego—they represent functions performed by the ego or which belong within the ego. The ego, however, is more inclusive; more especially, it includes the subjective psychic experience of these functions with a characteristic sensation. This self experience is a permanent, though never equal, entity, which is not an abstraction but a reality. It is an entity which stands in relation to the continuity of the person in respect to time, space, and causality. It can be recognized objectively and is constantly felt and perceived subjectively. We possess, in other words, an enduring feeling and knowledge that our ego is continuous and persistent despite interruptions by sleep or unconsciousness, because we feel that processes within us, even though they may be interrupted by forgetting or unconsciousness, have a persistent origin within us, and that our body and psyche

*Authorized translation of *Das Ichgefühl im Traume*, Int. Ztschr. f. Psa. XVIII, 1932, by William J. Spring. Revised by the author.

belong permanently to our ego. Many authors have therefore used the term "ego consciousness" (*Ichbewusstsein*) to designate this phenomenon. The expression "ego feeling" has occasionally been used by Freud and by other psychologists and also, as a self-explanatory term, by laymen. If I prefer this latter expression to the term "ego consciousness" and single out "ego feeling" to mark the integrating part of the ego, I do so not because of an arbitrary preference for this designation but for the following reasons. The ego's experience of itself does not consist simply in the knowledge and consciousness of the qualities of the ego mentioned above; the experience also includes a sensory element for which the words "feeling" or "sensation" are appropriate, and the term "ego consciousness" ignores this feeling quality. Not only in clinical pathology but also in the psychopathology of every-day life—in sleep, fatigue, distraction, and daydreams—we can distinguish, often accurately, between ego *feeling* and ego *consciousness*. Ego consciousness, in the pure state, remains only when there is a deficiency in ego feeling. And the mere empty knowledge of one's self is already a pathological state, known as "estrangement"¹ or depersonalization. The term "ego consciousness," then, would cover our ego experience only if "estrangement" were the normal state of all human beings.

It is also incorrect to identify ego feeling with consciousness, though numerous authors, of whom I believe Janet was the first, have described and defined "becoming conscious" as becoming attached to the ego. At the present time, we know that the property of belonging to the ego may become, be, or remain conscious or unconscious; and from the study of pathological states, we know that ego feeling may disappear from previously conscious portions of the ego and later reappear. In every psychological process, ego feeling may or may not accompany consciousness. When ego feeling does not accom-

¹ TRANSLATOR' NOTE: There is no exact English equivalent for *Entfremdung*. This phenomenon is usually described as "sense of unreality," which does not convey the meaning of *Entfremdung*. The word is therefore translated literally.

pany consciousness, the individual is only aware that an experience—which may be the perception of a somatic or external reality, a memory, or merely an affect—is or has been taking place within, but this knowledge is accompanied, under these circumstances, by a sense of strangeness; or, in other words, a feeling of estrangement appears instead of ego feeling. That the cardinal feature of “ego experience” (*Icherlebnis*) is not thought or knowledge but sensation was first noted in cases of pathological disturbances in ego feeling. The symptom of estrangement, since it was first discovered, has always been referred to as a *feeling* of estrangement, never as a *knowledge* or *consciousness* of estrangement.

Ego feeling, then, is the totality of feeling which one has of one's own living person. It is the residual experience which persists after the subtraction of all ideational contents—a state which, in practice, occurs only for a very brief time. This total ego feeling is always a combination of changing and unvarying elements, and the total subjective experience of one's ego orientation toward an act is qualified by the ego feeling that is present at the time. I consider it more correct to speak of the “ego orientation toward an act” than of the “ego orientation of an act,” at least in a discussion of ego feeling.¹ Consideration of the fact that ego feeling constantly fluctuates in extent, so that its content is constantly shifting, and of the fact that it nevertheless is constantly uniting all relations and parts of the ego into a single whole, leads us to the conclusion that the “ego” always includes both total and partial experience and must always be investigated both analytically and synthetically. These conceptions of ego feeling cause us to reject as misleading the temptation to distinguish between viewing a thing exclusively as a whole or exclusively as a part. Psychoanalysis has always sought to comprehend the parts as well as the whole, laying more stress, however, on analysis than on synthesis. My study of ego feeling further emphasizes this double orientation of psychoanalysis.

¹ This statement does not imply a dispute with Schilder, who referred to the “ego orientation of an act” for other purposes.

A theorist might still query whether what we have here designated as ego feeling is not merely the intellectual experience of that which remains constant while ever-changing experiences, relations and reactions pass through consciousness; that is, whether it is not merely a *knowledge* on the part of the ego, the content of which escapes attention because it does not change. This question is answered conclusively by the observation that even the clearest *knowledge* of one's own ego is experienced as something insufficient, uncomfortable, incomplete and unsatisfying, even akin to fear; and that even for the purest "self experience" something affective in quality is requisite for normality.¹

Ego feeling, therefore, is the simplest and yet the most comprehensive psychic state which is produced in the personality by the fact of its own existence, even in the absence of external or internal stimuli. As has been said, it is true that unmixed ego feeling can form the whole content of consciousness for a very short time only, as there are always too many stimuli ready to enter consciousness. To repeat our formulation: combined with the consciousness of the self, there is also an affective sense of the self, which we designate briefly as "ego feeling." In my previous articles,² I have studied "ego feeling" more intimately and have shown in pathological and normal cases, that *somatic* and *psychic* ego feeling may be separate from each other, and that we must distinguish within the varying extensions of ego feeling, a nucleus of ego feeling which remains constant; and, in particular, that we have a precise sense of the degree to which our psychic processes and our body are invested with ego feeling. Whenever there is a change

¹ To designate the feelings themselves as perceptions of autonomic processes, and to consider such perceptions as equivalent to those with intellectual content (Behaviorism), does not touch the problem. For we are basing our investigation on the empirical fact that there is a difference between intellectual and affective experiences.

² Federn, Paul: *Über Variationen des "Ichgefühls."* Int. Ztschr. f. Psa. XII, 1926. (Trans. in Int. J. Ps-A. VII.) *Narzissmus im Ichgefüge.* Int. Ztschr f. Psa. XII, 1927. (Trans. in Int. J. Ps-A. IX.) *Das Ich als Subjekt und als Objekt des Narzissmus.* Int. Ztschr. f. Psa. XV, 1929.

in ego feeling cathectic, we sense the "boundaries" of our ego. Whenever an impression impinges, be it somatic or psychic, it strikes a boundary of the ego normally invested with ego feeling. *If no ego feeling sets in at this boundary, we sense the impression in question as alien.* So long as no impression impinges upon the boundaries of ego feeling, we remain unaware of the confines of the ego. Psychic and bodily ego feeling can both be active or passive. In different persons the quality of the ego feeling depends also upon what special instinctual forces (e. g., tender, sadistic, masochistic, exhibitionistic) exercise a continuous dominance over the personality or else are ready at all times to find expression. Further, we have confirmed Nunberg's finding that all neuroses and psychoses begin with a condition of estrangement of shorter or longer duration. We also found that the withdrawal of ego feeling from an ego boundary can be a defensive measure of the ego, which can occur with or without repression, or which can initiate repression and itself disappear. The development of the individual is accompanied by a development, qualitative and quantitative, of ego feeling, the stages of libido development also being characterized by various types of ego feeling. Therefore, ego feeling is capable of fixation at or regression to an earlier stage, in respect to both quality and extent.

The hypothesis based on these points, which is useful as a psychoanalytic conception of ego feeling, states that ego feeling is the original narcissistic investment of the ego. As such it has at first no object; I designated it intermediate (*medialer*) narcissism. Not until much later, after the object libidinal cathexes have reached the ego boundary, or have invested it and again been withdrawn, does reflexive narcissism arise.

This hypothesis is supported by numerous clinical observations. If it is correct, the study of "ego feeling" has furnished us with a working method of adding to our knowledge of cathexes with narcissistic libido, and indirectly, of the functioning of object cathexes, also.

Dreams, considered as topics for study, are met with so regu-

larly in healthy individuals that it is difficult to say whether they should be included in normal or in abnormal psychology. In any case, as regards the ego in dreams we are dealing with a disturbed condition; hence, the study of "ego feeling" in dreams must logically follow a clinical investigation of estrangement. Therefore, using in the main data derived from patients suffering from estrangement, I shall first discuss the relations between estrangement, dreams, and sleep, and only then present our subject proper, the quality and the quantity of ego feeling during dreams.

2. Estrangement and Dreaming.

Very many persons who are suffering from estrangement state that they see reality as in a dream, or, that they feel as if they were in a dream. This is a surprising statement which requires explanation. This statement would not have been surprising, if our feeling in regard to a dream, while we are dreaming, were similar to the one which the estranged individual has in regard to reality. This is not the case, however. The dreamer subjectively feels that his dream is real. The surprising, incomprehensible, even absurd, character of much that is dreamed does not prevent the dreamer from believing in the reality of his dream as long as he is dreaming, even though what he dreams may be inconsistent with whatever knowledge of reality remains over from the waking state in the mind of the dreamer.

In contrast, the estranged individual must actually coerce himself to believe that his impressions are real. Intelligence, common sense, memories, and inferences from memories compel him to admit intellectually something which he does not feel to be evident. To the dreamer, on the contrary, the reality of what he dreams is self-evident—aside from well-known exceptions—even though the dream may contradict all his rational experience.

However, except in cases of extreme depersonalization, we can readily understand what estranged individuals mean when

they say that they see the world as if they were dreaming, if we remember that they make this statement only in retrospect. For, everyone who remembers a dream after he awakens feels in it a certain alien quality. This quality is due to the incoherence and impermanence of the dream, the illogical nature of its content, and the manner in which it vanishes. In retrospect, dream figures are usually shadowy, unsubstantial, or unreal. The process of secondary elaboration not only improves the internal logic of the dream; usually, the same process alters the dream, also, so that it comes to resemble more closely a sequence of waking events. Dreams without secondary elaboration have, when recalled, more of the quality of strangeness. It may well be that this very quality leads to secondary elaboration. We arrive, then, at the curious conclusion that while they are in operation, the processes of dreaming and estrangement are basically different, and that they appear to resemble each other only in the impression which they leave behind. If we disregard the dream's importance as a portal to the unconscious and as an object of study, and if we except dreams of unusual personal significance, a dream is a "nothing"—a series of unreal images, which have disappeared from consciousness and which, even as memories, have automatically lost their content and vividness. But the estranged individual, also, feels an indifference in regard to his experiences during his estranged state. He can only recall that he was in an abnormal state. Persons severely affected by estrangement even say that their reality is less vivid than their dreams, and this is true—for estranged and normal persons do not dream differently.

Another analogy obtains between dreams and estrangement. A dreamer, one might say, is passively overcome by the dream, and the dream develops or unfolds itself *upon* or *with* the dreamer passive. A dreamer also feels that he is passively seized by the dream, for, as a rule, he cannot fix the elements of the dream in order to form deliberate judgments in regard to them. Only rarely can he voluntarily react to any of the

dream elements or bring them back to mind, for the dream enters consciousness more or less as a finished picture, and it arouses only such small parts of consciousness as are necessary to receive the dream picture. These awakened parts, as soon as they are not needed, instantly fall back into sleep. The will is conspicuously absent from dreams. Scherner, in many passages of his book, depicts this lack of centrality of the ego and the weakness of the will in very plastic language. The estranged individual also feels more passive than a normal individual toward what he experiences. However, his reasons for this feeling are different from those of the dreamer: his attention is always diverted to his own condition; he becomes inattentive and his interest in other things is disturbed; so that, as a result of his disorder, he becomes apathetic and passive toward the whole of reality.

Up to the present point, we have been discussing well-known characteristics of the states under comparison. On turning our attention to "ego feeling" (which, it is true, patients do not mention of their own accord) we at once discover a feature common to both states, the dream and estrangement. In both, "ego feeling" is deficient. This is particularly true of those patients with severe depersonalization, whose ego is not invested with full ego feeling either at its boundaries or in its nucleus. These individuals feel their ego only partially and with decreased intensity and suffer a subjective loss in their sense of importance, their feeling of well-being, and the unity of their personality. However, as we shall see, disturbances of the ego in the dream and in estrangement are, for the most part, not alike. We have already drawn attention to the fact that dreams are experienced as real, and the objects of the individual's estrangement as unreal. We conclude that in the case of dreams the ego boundary at which dream experiences impinge, is invested with ego feeling, and that this is not the case for experiences during estrangement. However, neither the waking judgment of the depersonalized individual, nor the partially awakened judgment of the dreamer is able to recog-

nize as *false* the "unreality" of experience (in estrangement), or the "reality" of experience (in dreams). Neither individual can prevail against the abnormal cathexis of the ego boundary, which in the case of estrangement is too small and in dreams is relatively too great. This impotence in the face of a disturbance of ego cathexis is characteristic of both states.

We have, consequently, discovered two reasons why estranged individuals use the words "as in a dream" to describe their state. The more important reason is the one mentioned last—the recollection that there was a deficiency of ego feeling. This disorder of the ego is not a disturbance of consciousness, nor a feeling of giddiness, unclarity, obscurity or haziness, but an impairment of ego feeling. Before we look for its significance let us discuss a few relations between estrangement and sleep.

3. Estrangement, Falling Asleep, and Awakening.

We know from clinical observation that states of estrangement vary in their intensity and extent at different times in the same patient. Only rarely do patients complain constantly of the same degree of estrangement. Usually, the fact that they are speaking with the physician is enough to bring about an improvement in their condition. Their own interest, and their satisfaction in arousing the attention of the physician and feeling his interest, bring about an increase in the cathexis of the ego boundaries, which in milder cases appears to abolish the sense of estrangement. Usually such patients, after learning to dignify their feeling of estrangement as a symptom, can describe the curve of intensity of their feelings of estrangement since the last visit. Less severely affected new patients, in the excitement of the first visit, do not feel any sense of estrangement, nor do they mention it spontaneously or at all unless direct questioning draws their attention to the fact that these states, also, are the concern of the physician. Then, as experience constantly bears out, the patients reward the physician who wishes to know about these subtle variations in their permanent condition, and who spontaneously suspects the pres-

ence of such states of estrangement, by immediately giving him their complete confidence. Even if for no other reason, an acquaintance with these states is of practical importance for physicians in general as well as for psychoanalysts.

However, although such mildly affected patients report about their states of estrangement only in the past tense, estrangement does occur even under the protected conditions of a consultation hour. Curiously enough, many such patients have merely forgotten that previously, in health, they had a stronger contact with the world and with themselves, a contact which gave a full sense of well-being but which no longer spontaneously comes to mind even as a basis of comparison.

The intensity of the estrangement depends on many factors which do not always have the same effect, but differ in their effect according to the degree of severity, or stage of development of the case. There are patients who develop feelings of estrangement as soon as they are left alone or feel themselves abandoned, whereas the presence of a person invested with libido abolishes the disturbance, or at least diminishes it to such a point that they practically feel no estrangement. Observations of this order long gave rise to the belief that estrangement consisted in a withdrawal of object libido. In some cases the estrangement sets in just when the patient meets persons who are invested with object libido; and conversely, in other cases just when there is *no one* in his environment in whom he can take an actual interest. Often merely to direct his object libido toward another person temporarily suffices to protect him from estrangement; but soon his capacity to invest his ego boundary with ego feeling is exhausted, and he is suddenly seized with a sense of the strangeness and unreality of external and internal perceptions. In most cases the severity of the estrangement also depends, fundamentally, on somatic factors. Fatigue and exhaustion or intense exertion predispose to estrangement—then, his ego frontiers crumbling under such bodily or psychic strain, the patient, gradually or suddenly, intermittently or abruptly finds himself in a

condition of estrangement. Hartmann and Nunberg were the first to show that sudden emotionally charged experiences which were followed, for only partly conscious reasons or more usually for unconscious reasons, by a so-called object loss, may produce traumatic estrangement. Theoretically, the effect of all these factors can be explained, economically, by making a distinction between two questions relating to libidinal cathexis; namely, first, whether ego feeling can be sufficiently established at all for the ego boundary in question, and secondly, whether the libido reserve is great enough to maintain the cathexis of the ego boundary. The severity of estrangement is therefore dependent not only, dynamically, on the inhibition of cathexis at the time, but also, economically, on the magnitude of the libido supply. We can formulate this distinction, which applies in general in pathological states, by contrasting a withdrawal of libido due to an external or internal frustration with what we might call an exhaustion (*Versiegen*) of libido.

Observation teaches us that in chronic cases of estrangement, improvement, other things being equal, consists in a reestablishment of ego feeling, but that in each situation a sufficient cathexis of the ego boundary can be set up only slowly and after repeated efforts. For this reason, often, very subtle differences in ego disturbance are described in terms of whether or not the environment is sharply observing the patient or is friendly toward him. It is especially during improvement that patients describe such differences.

Analogously, we know from clinical experience that estranged persons whose condition has already improved do not always, like normal persons, regain their normal orientation toward the inner and the outer world; indeed, they feel more estranged after sleeping than at other times. Even in patients not improving, this symptom is more severe in the morning than later in the day, resembling in this respect the symptoms of depressive patients in so far as there are no exacerbations caused by the above mentioned factors of fatigue and strain. Thus, we see that melancholia and estrangement

are characterized by similar daily curves of severity, and similar reaction curves to strain and exhaustion. This morning increase of symptoms is directly connected with the state of ego feeling during sleep. This morning exacerbation would not have been expected on the basis of previous experience with normal individuals. On the contrary, according to our experience with healthy persons, we might have anticipated that after the libido reserve was completely replenished by sleep, the ego, in its nucleus and at its boundaries, would, at least for a time, be fully invested with ego feeling. Then, according to the severity of the case and the demands made upon the individual, the ego disturbance would reappear in the course of the day. According to this, the disturbance of libido economy would appear at awakening only potentially, and would only become actual sooner or later in the course of the day in response to the demands of the individual. In fact, such a curve is really present in all estranged persons in whom the disturbance shows any fluctuation. However, it does not become effective immediately in the morning, because the abnormally long transition from sleeping to waking postpones the mechanism of simple dependence on the magnitude of the libido reserve. In the estranged individual, as we have said above, there is a disturbance in the displaceability or, better, in the displacement of the libido, in so far as it has to invest the ego boundaries.

The investment of object representations with object libido may at the same time hardly be disturbed. The fact explains why, in spite of their estrangement, patients can work with interest and accuracy, and why they do not cease to show selection in their object relations, at least within certain limits, in so far as there is no concomitant difficulty in maintaining object cathexis. The latter difficulty may be secondary or, as Nunberg has shown, may have been the precipitating cause of the estrangement. But even in the latter case the object cathexis may persist. The very fact that it persists in the presence of a defective ego boundary causes this particular object

to arouse a special feeling of strangeness. What was called "object loss" consists in this loss of capacity to perceive an object with one's full ego feeling: with the loss of the ego feeling the narcissistic satisfaction in having the object is lost, too. Of this I have been fully convinced by a case of pathological mourning. After the death of the patient's mother all relationships, things, and recollections in any way connected with her mother were particularly strongly invested with object libido. Repeatedly, new and often very minor events from the past were coming into the patient's mind; everything connected with her mother took on great significance. The patient did not sleep day or night, because of the press of ideas and associations belonging to her mother complex. These object representations were disturbingly vivid in content and deeply depressive in affect. At the same time, there was present a complete estrangement from this intensive repetition of all her past object relationships with her mother, which extended both to their ideational content and to the affect of grief itself. She said, "I have the grief but I do not feel it." Although her grief was manifest in her facial expression and in its somatic effects, the patient continually complained that she did not "really" feel her grief, an assertion which, for an inexpert observer such as I was at the time, was absolutely inconsistent with her whole condition and appearance. Years later a similar case permitted me to understand the situation: the object cathexes evoked the pain of bereavement, but the ego boundary in question¹ was without feeling, as though dead. We must therefore designate "pathological mourning" (Freud) as a narcissistic psychosis, not only because of its genesis and in its character as an unconscious identification, but also for its libidinal mechanism, a statement that holds equally true for melancholia. In recalling all the cases of pathological mourning and of melancholia in

¹ Concerning the reasons for the exhaustion (*Versiegen*) of libido in melancholia, see Federn: *Die Wirklichkeit des Todestriebs*. Psychoanalytischer Almanach, 1931. (Trans. *The Reality of the Death Instinct, Especially in Melancholia*. Psa. Rev. XIX, 1932.)

my analytic experience, I do not remember one patient who failed to express the paradoxical complaint that he felt nothing but suffering, and yet did not really feel the suffering.

Though this field is somewhat remote from the present topic, I have treated it in detail here, because, for the reader to be convinced of what follows, it is important for him to recognize that there is a real distinction between *object* cathexis and the *narcissistic* cathexis of the corresponding ego boundary. The difference between the normal and the abnormal mechanism of narcissistic cathexis of the ego boundaries is seen most clearly in the morning in the speed of recovery of the ego after sleep. It is because of this delayed mechanism that both estranged and depressed individuals feel an exacerbation of their symptoms every morning. And the increased difficulty of cathexis of the ego boundary is surely one reason why the restoration and strengthening of the ego during sleep fails to cause an improvement in ego feeling immediately on awakening. In melancholia there must be additional unfavorable influences, for relative improvement does not set in until evening. The investigation of these factors in melancholia is not in the scope of the present discussion. Provisionally, the morning exacerbation in estrangement seems to me adequately explained by the physiological processes in sleep. However, I have not as yet paid special attention to the problem whether, in the narcissistic psychoses, sleep itself is not subject to special disturbance.

One statement can be made which is unquestionably true: in dreamless sleep ego feeling is extinguished. I have dealt with this point in detail in my first article, *Über Variationen des Ichgefühls*. I first recognized the existence of ego feeling during the act of going to sleep—that is, not in *statu nascendi* but in *statu exeundi*. When an individual falls asleep rapidly, ego feeling is suddenly extinguished. A sudden disappearance of ego feeling of this nature is also found in narcolepsy. When the process of falling asleep is disturbed, the loss of ego feeling is only partial and gradual. Falling asleep is promoted if one learns to withdraw ego feeling as much as possible from the

body, leaving only the ego feeling connected with breathing. Such an intentional withdrawal of ego feeling is well-known to the Yogis. But it should be used only in harmony with the regular periodicity of sleeping and waking, which in itself predisposes to the disappearance of ego cathexis. If one coerces oneself to sleep in opposition to this periodicity, sleep itself becomes an effort, and one is more likely to awake fatigued and unrefreshed.

As long as a sleeper does not dream, he does not feel his ego. Whether an unconscious ego persists, or whether Friedrich Kraus's "basic personality" (*Tiefenperson*) corresponds to an ego or to the id, are still insoluble questions. It must be assumed that even in dreamless sleep, much psychic and even intellectual work, shrewd and intelligent arrangement and construction, takes place in the unconscious. Freud has compared the unconscious with the "good folk" in fairy tales who help us with our work during our sleep. But as far as we know, all the unconscious accomplishments during sleep are biologically centered through the unity of the body, and not psychologically through the unity of the ego. Hence Freud's statement that sleep is a narcissistic state refers to unconscious narcissistic cathexes which, if they are attached to any entity at all, at least are not attached to the ego of waking life. It is probable that Freud wished this statement merely to express in an extreme fashion the fact that with the exclusion of sensory stimuli, object cathexes are withdrawn to an incomparably greater degree than during waking life. The withdrawal of object cathexes permits narcissistic cathexes to become object cathexes, as when the person of the dreamer is wholly projected and appears in the dream as another person. Here, in our discussion of the manifest expression of narcissism in ego feeling, we must establish that in dreamless sleep this narcissistic cathexis of the ego is absent.

When, on falling asleep, consciousness is lost, ego libido ceases to be in the ego and all ego feeling disappears. It is mostly a matter of taste whether one says: that the ego libido

vanishes (*versiegt*), that it is asleep, that it is withdrawn into the id, or that it is distributed among the partial functions. However, this narcissistic cathexis always stands ready to return to the ego, as we see from the fact that except in pathological conditions, every stimulus which wakes the individual immediately reestablishes ego feeling. This is readily understood if it is recalled that ego feeling perpetuates the most primordial sensation of living substance, phylogenetically and ontogenetically,¹ and that its disappearance is probably a direct expression of the sleep of the cells. These are facts gleaned from biology. Mysticism, on the other hand, would say that the mind leaves the body during sleep and returns to it on waking. The mind carries away all its knowledge with it, and during dreams is supposed to reside not in the body, but in the place where the dream takes it. This theory is an expression of the fact that the ego feeling in dreams is, for the most part, a purely psychic one.

On awakening from sleep, ego feeling is established immediately. On waking from a dream it is exceptional for the ego feeling to be continuous with that in the dream. In health the ego feeling on waking is vivid and undiminished and fills body and mind with satisfaction and vigor. The ego also immediately regains its security as to its temporal continuity with its own past and its own future. This is not the case in many neurotics. They feel their inadequacy in the morning. This is true in most cases of phobia and of "pre-melancholia" (with this term I refer to the daily depressive moods which may exist for years before the onset of melancholia) and, as mentioned above, in cases of estrangement. Were one to inquire among all those who complain of beginning the day badly, for symptoms of estrangement, it is possible that one might even find that they were constantly present. It is true that the patient does not mention them himself, because his bed and his bedroom are his fortress, remote from the demands of the

¹ Federn, Paul: *Das Ich als Subjekt und als Objekt im Narzissmus*. Int. Ztschr. f. Psa. XV, 1929.

day and of object relations. The estrangement first becomes fully perceptible when the individual turns toward an object. The disorder causes the full ego feeling to become established only gradually. It would be interesting to investigate to what extent disturbances and delays in the everyday habits of dressing, etc., are connected with a morning ego deficiency.

As an example of how severely a marked case of estrangement can be disturbed in the morning I will cite a case which was materially improved by prolonged analysis. The patient's sister was in an advanced state of severe catatonia. The patient, also, had symptoms which went beyond mere estrangement, and every six months there were transitory exacerbations lasting only a few days, with uncertainty of orientation, hypochondriacal sensations, and severe anxiety, which corresponded to an abrupt but mild catatonic disturbance. This very intelligent patient understands the nuances of ego cathexis and the problem of estrangement so well, from his own experience, that he can give the most precise information concerning his condition. He can accurately distinguish estrangement for sense perceptions, for affect and for thinking; he states that today he no longer has these disturbances, well-known to himself and to me, but that the total intensity of his ego continues to be diminished, and particularly after awakening. It takes a long time before his full ego feeling is established. He feels that this is related to his sexual potency. Sometimes he is better, and then he has the same sexual excitement and general vigor in the morning which he had in his years of health. Usually, however, this normal libidinous feeling is replaced by a mixture of mild anxiety and trembling lust, which he senses throughout his body, and which does not permit a normal bodily ego feeling to appear. This represents a regression of ego feeling to an earlier, masochistic stage. This peculiar feeling quiets down only gradually, to be superseded by a state of moderately diminished ego feeling which, for him, is usual. All patients with severe estrangement give remarkable accounts of how they regain their ego in the morning. They are and

feel strange, until they "become themselves," as far as the disturbance in the economy and mobility of their ego libido permits. I should like to add that a morning disturbance of ego feeling of this type usually causes the function of the will to be reestablished more slowly in the morning.

Up to the present we have in part discussed, and in part only indicated, the relations which exist—subjectively and objectively—between estrangement, dream, and sleep. But I had other reasons for turning to this problem, and introduced the discussion of these relations chiefly for didactic purposes. I wished to use them to renew the reader's interest in the difference between narcissistic and object cathexis, in the phenomenon of ego feeling, and in the inconstancy of the ego boundary, so that he might be more interested in the subject of this paper proper, ego feeling in dreams. This subject became important to me, because from the ego feeling in dreams it is possible to demonstrate the distinction between psychic and bodily ego feeling, utilizing a special method of self-observation.

4. *Ego Feeling in Dreams.*

Dreams which one hears, reads, or recalls have undergone secondary elaboration, not only as regards their content but also as regards the manner in which things happen in them. It is almost impossible to remember them exactly. Involuntarily one tends to recall the events of the dream as if one had followed them as an awake, unified and complete personality, and experienced them with one's whole being. The more we have ourselves done and seen in the dream, the more strongly do we hold this belief.

Once we have begun to pay attention to ego feeling, and ask ourselves or another dreamer on awaking what the ego feeling in the dream was, we will discover, first of all, that a consciousness of the self was always present, and that it was the right one. The dreamer is always identical with the waking person, and knows this with certainty. This feature en-

ables the dreamer to free himself of some troublesome portions of the ego by projecting them into other persons. The dream ego itself, however, always remains one's own ego, with a consciousness of the continuity of one's own psychic processes.

However, in the majority of dreams, and in the greater part of each dream, this dream ego differs from that of waking life in that there is a sense of one's identity (*Eigengefühl*) only as regards one's psychic processes while the body is, so to say, ignored. In waking life, psychic and bodily ego feeling are not easy to distinguish, because both are so obviously permanently inherent in the ego. As regards dreams, however, it is quite clear to retrospective memory that these two forms of ego feeling are entirely distinguishable.

In spite of the fact that everything dreamed is experienced as wholly real, we do not—in the great majority of all dreams—feel that we are corporeally present. We do not feel our body with its weight and its form. We have no bodily ego feeling with its ego boundaries, as in normal waking life. However, we are not at all aware of this deficiency of the body-ego, while we would feel it dreadfully during waking life. I have already mentioned that even an estranged person need know nothing of his estrangement if he has no immediate task to perform, or, for instance, if he is in the protection of his bed. But dreaming is only a very partial awakening from the state of "egolessness." The unconscious and preconscious processes, which become the manifest dream content, awaken the ego where they strike its boundaries, so that there is an ensuing new investment with ego feeling, and as long as a dream picture may have need for it, an ego boundary is never without cathexis. The evanescence of the dream and the impossibility of bringing it back to mind and considering it, are due to the fact that the narcissistic investment of the psychic ego boundaries is constantly being withdrawn as soon as one dream picture is finished and another appears.

There are exceptions to this. A scene may persist for a time; the dreamer may even recall a previous scene. Under what

circumstances these two exceptions occur is a special problem. If the whole dream takes its course very slowly and in apparently reënforced pictures, the sleep is a pathological state, a state of severe over-fatigue, analogous to that of a fatigued retina, in which the ability to receive new images is established more slowly and the previous image remains longer than normally. The consciousness of the normal dreamer regains its receptivity to new images as quickly as does the healthy retina.

The dream state ordinarily contents itself with the psychic ego and its variable boundaries: a bodily ego feeling appears only under certain conditions. When the dream picture impinges on the psychic ego boundary it awakens consciousness. Because it strikes the *psychic* ego boundary from without, as an object cathexis, it is felt as real, even though it may contradict reality. In the dream we are certain of the reality of what happens; we sense it psychically. Exceptionally we see it with lifelike or even greater vividness. We see it as real; therefore the visual ego boundary must be to some extent awakened; but we do not have a sense of our presence as a body among bodies. It is this body-less condition of the dreamer to which I wish to draw special attention in this article.

After awakening, usually one cannot remember where and how one felt one's body to be; even in the most interesting dream scene one cannot remember whether one was sitting or standing, the direction of one's gaze, or even the posture one assumed—this even though the dream scene may be so well ordered that one can draw it. In some dreams, the remembered events, such, for example, as seeking an object in a store, meeting a number of people or the pursuit of an individual, directly require that the dreamer himself must have been in a certain place at a certain time, but nevertheless was there only as an observing psychic ego, or even a moving observing psychic ego, without any bodily ego feeling and without consciousness of one's body. The latter has not been awakened from the sleeping state of being without cathexis. The dream has shown no interest in the body of the dreamer.

The dream awakens the sleeper no more than is necessary, and in this shows a precise selection, which may be attributed to the dream function or perhaps to the dream work. In any case there must have been a disaggregation of ego functions in sleep which permits such a partial awakening of the ego. Thus, the dream work has a selective and condensing action both on the dream material and on the ego boundaries.

In sleep we not only recuperate from the stimuli of daily life and reactions of the ego to these daily irritants, but we also permit the ego as a whole to rest. And if sleep is disturbed by undischarged reactions, wishes or stimuli, the dream affords it additional protection by permitting only a partial awakening of the functions of consciousness and of the ego cathexis. The nucleus of ego feeling, which is connected with the function of the labyrinths and with orientation in space, need be awakened only enough to permit of the dream scenes appearing correctly oriented in space (as regards up and down). It is probable that without this nucleus there can be *no ego feeling at all*, for the intact ego apparently never feels disoriented in space. However, in order to use as little as possible of the ego feeling of the ego nucleus, bodily ego feeling awakes as little and as seldom as possible. Even as regards the ego nucleus, noteworthy exceptions do occur in dreams, e. g., a sudden turning upside down of the whole dream environment, exceptions which, as we know, are used to represent certain typical experiences.

This economizing of ego cathexis in dreams is so strict that there are even dreams of movement, in which bodily ego feeling is lacking. We would all assume that a dream experience of such definite bodily character as that of flying and floating could not occur without a strong and complete bodily ego feeling. But even this is not true. I wish to demonstrate the differences, by means of this well-known and well-understood typical dream,¹ between cathexis with bodily and with psychic ego feeling.

It often happens that in flying the dreamer has a sense of

¹ Federn, Paul: *Über zwei typische Traumsensationen*. Jahrb. d. Psa. VI, 1914.

his whole body, particularly when an exhibitionistic wish, a desire to show himself, is present. But even in exhibitionistic flying dreams, as in other exhibitionistic dreams, the body-ego is only seldom complete. Ego feeling may be distinct only for the upper part of the body, or for the arms, or for the lower half of the body, the remainder of the body being entirely without cathexis or only vague in consciousness and feeling. But particularly in these dreams, it happens at times that there is a painful sense that ego feeling is deficient, as for example in dreams of floating on staircases, in which the lack of feeling in the chest and in the arms can be quite unpleasant. However if, as often happens, the flying is done in a flying machine, bodily ego feeling is as a rule wholly lacking. The dreamer remembers the direction and course of the flight and, also, the machine, but he obtained no exact impression of the machine during the flight; he was not conscious of his body or of its position in the machine. It is still more surprising that bodily ego feeling may be quite deficient not only in these strongly displaced and symbolic representations of the sexual act, but even in direct sexual dreams. Often the feeling is limited to the sexual organs; and often there is present only the specific pleasure sensation, entirely without bodily ego feeling.

Psychic ego feeling in dreams, which, as we said, is the form of cathexis regularly present, is incomparably more often passive rather than active in character. When psychic ego feeling is active, however, bodily ego feeling is usually present also. A particular type of dream associated with active psychic ego feeling is the peeping dream, which includes the bodily ego feeling of the eyes but no feeling of the remainder of the body.

In a few dreams bodily ego feeling is present either during the whole dream or only in single parts of it. The difference between those parts in which bodily ego feeling is present and those in which it is absent is quite definite. Whoever has once become aware of it can usually tell quite definitely in which scenes of the dream he experienced bodily ego feeling. Bodily ego feeling may be very vivid and accentuated, it may

be of ordinary quality, or, on the other hand, it may be expressly felt as vague and indistinct. The most extreme case of a particularly vivid bodily ego feeling with a specific quality was reported by a patient, who, in childhood, had had typical somnambulistic dreams of a constant nature.

He relates that he would arise from his sleep with great effort in order to save someone or something. He would have to forestall a danger. The danger would consist in something falling down and striking the endangered person or object. The sleeper would get up with the sense that it was his duty to help and to forestall the danger. This was a dream action commanded by his super-ego. The act of getting up was difficult. The dreamer had a sense of anxiety or oppression connected with the fact that he must get up. He would feel this oppression as in a nightmare; but, while in a typical nightmare the feeling of weight would be projected from the chest on to the incubus which weighed upon it, in our somnambulist it could be felt in the body itself as a difficulty in lifting the body—he sensed the weight of his body which had to be lifted; that is, as a burden and an impediment to getting up and subsequently to walking, it would remain within the dreamer's ego. During the act of walking, the bodily ego feeling was exceptionally intense.

Contrasting in one aspect to this type of somnambulistic dream—I do not know to what extent it is typical—are the inhibition dreams. In an inhibition dream a movement is intended but is held up at the last moment. Then, in the last moment before waking, a strong bodily ego feeling appears in the inhibited limb or limbs. But this somatic ego feeling in the inhibited limb differs from normal bodily ego feeling not only in intensity but also in the fact that the organ thus invested with ego feeling is felt as *outside* the ego.¹ Just as during waking an intense bodily pain is *felt*, by the normal

¹ I know that this description sounds paradoxical, but the paradox is connected with the sensation, not with the description. The organ lies partially within the sensory ego boundary, but outside that for motor activity.

individual (not by the hypochondriac), as if it hit the ego from without, although one knows that the painful organ belongs to the body—so the painful immovability and rigidity of the inhibited limb during the dream is felt as striking the ego from without. Only after awaking does the ego regain the feeling of command over and possession of the organ.

In somnambulistic dreams, on the contrary, the feeling of bodily weight remains within the ego. Common to both types of dream is the fact that a contrast between super-ego and ego comes to expression in them. In the inhibition dream the ego wishes to do something; the wish, arising from the id, is concurred in by the will of the ego, and the bodily movement would begin if the ego were not forced, by command of the awakening super-ego, to inhibit the execution of the wish and its own desire. In the end, the opposing wish prevents the execution of the previous act of will. In contrast, in the somnambulistic dream the will of the ego is incited by the super-ego to a positive action which is burdensome to the ego. To summarize, in the inhibition dream the ego says "I am not allowed to do it"; while in the somnambulistic dream the ego says "I am required to do it".

My somnambulist patient, throughout the whole process of sleep-walking, was able clearly to observe and, later, to recall another curious double orientation of the ego. During the whole process there was present an opposing command, which resisted getting up and which retarded and impeded movement. However, this opposing will does not, as in the inhibition dream, arise from the super-ego, but from a part of the ego. The sense of being oppressed by the task, mentioned above, was rationalized throughout the dream by the "sensible" thought, "You are asleep and dreaming; wait until tomorrow morning and see if the danger cannot be removed then, or if, perhaps, it does not exist at all". It is as if the ego were divided. One part is very close to the thinking of waking life, while the other part sleeps so profoundly that it can carry out movements without waking. That this sleep must be

very deep to permit such division of the ego follows from the feeling which occurs when the sleep-walking is interrupted by waking up, either as a result of an external stimulus or occasionally as a result of a decision of the somnambulist himself. This feeling is always one of being torn from the deepest sleep. That such an exceptional depth of sleep—that is, “being a good sleeper”—is sufficient in itself to explain the possibility of such complex muscular activity during sleep, is inadequate. We know, besides, that deep sleep can be established just to allow the sleeper to express contradictory wishes and tendencies of will. All sleep-walking consists in going from the bed and returning to the bed. That this dream is a compromise is shown even in these two phases of walking. I shall discuss the somnambulistic dream elsewhere; it was introduced into the present paper only because it is the dream in which I have, so far, found the most marked bodily ego feeling—namely, the feeling of a hindering body-ego, of a resistance arising from the body-ego. The somnambulistic dream also forms an exception to the rule, that when the psychic ego feeling is active the bodily ego feeling is active too; for in this case psychic ego feeling was active while the body-ego was passive, that is, was felt as a hindrance. During the sleep-walking, however, the body-ego became active.

As a rule bodily ego feeling, when it occurs in dreams, is much less marked than in the abnormal dreams of which I have just spoken. When bodily ego feeling does not involve the whole body, but only parts of it, the parts are usually those which stand in relation with the external world of the dream, either through movements or through sensations, as I noted previously in the case of floating dreams. But it must not be thought that in dreamed movements the moving limbs are always invested with bodily ego feeling. I remarked, above, the absence of bodily ego feeling in dreams of flying in machines; the same statement applies to many other movement dreams, which are devoid of any bodily ego feeling, even of the partial type. In the following study of the interpretive

value to be ascribed to the different types of investment with bodily ego feeling, we shall find that the apparently unimportant, never-heeded feature, whether the dreamer does or does not feel the limb while it is being moved, is of crucial importance in the interpretation of the dream; not, indeed, for the uncovering of the latent content but as regards the attitude which the ego takes toward the latent dream thoughts.

5. The Significance of Differences in Ego Feeling in Dreams.

If the reader is convinced of the wide range of variations in ego feeling, and of the precision of our information concerning the appearance of bodily ego feeling in dreams, he will, I hope, share my expectation that so precise a symptom cannot be without significance. The meaning of this phenomenon can be understood only in the light of psychoanalytic methods; and psychoanalysis may be able to utilize this understanding in practical work also. Finally, our new knowledge leads us to a general problem of psychology which is so difficult, that every new approach must be welcome—namely, the problem of the will.

When, purely from observation, I learned what great differences there may be in the ego feeling of dreams, I tried to list different explanations which occurred to me and apply them first of all to my own dreams, in which I could state with certainty whether bodily ego feeling was present or not. At first, I thought that I could find a reciprocal relation between the degree to which the ego is emphasized and the intensity of the dream pictures, because this relation held true in a few dreams. However, this assumption proved to be erroneous as did a second assumption, that bodily ego feeling occurs when the dream deals with the total problem of the dreamer's personality, his own fate. These two misleading relations were derived merely from peculiarities of individual dreams.

It then occurred to me that in many dreams a partial ego feeling could be explained simply, and at first without theoretical interest, by the fact that very often, in dreams, an espe-

cially strong affect is accompanied by strong bodily ego feeling. This holds true particularly for anxiety dreams, but it also is true of dreams in which the dreamer feels pity or pride. By analogy, a stronger ego feeling makes its appearance when an instinctual impulse becomes conscious in the dream, as in masochistic or exhibitionistic dreams. A careful study of bodily ego feeling as conditioned by affect and instinct would be very profitable. From knowledge gained in other fields, it is certain that we must distinguish between active and passive ego feeling, and this point proves to be useful in this instance. We have one sort of ego feeling corresponding to the active functions and another sort corresponding to the passive functions of the body. In dreams in which there is a strong affect of shame or fear, in masochistic dreams, and in exhibitionistic dreams, the bodily ego feeling is a passive one.

I suspect that definite affects have a corresponding cathexis of definite parts of the body with passive ego feeling. If such a relation can be demonstrated as a constant finding, we may suppose that, also, in dreams in which there is no affect but in which a part of the body is invested with a particular passive ego feeling, one might be able to deduce the presence of an affect which belongs to the dream, but which was not "awakened". For dreams are poor in affect; it is a necessary condition for sleep that affects be not fully produced.

As regards *active* bodily ego feeling, observation of my own dreams and the dreams of others proved that it appears when the dreamer not only *wishes* what the dream signifies, but also sanctions the dream wish or part of it with his *will*. For this reason, dreams are seldom accompanied, in their entirety, by active bodily ego feeling, for generally we are dealing with forbidden wishes which, disturbing sleep, are fulfilled in the dream. Only rarely does the ego venture to desire the forbidden. But the ego may do so partially, and individual parts of the dream action may correspond to the will of the dreamer, even though during waking life these actions might be opposed by the remaining portions of the ego. A consistent "state of

mind" exists only as a phrase in books on jurisprudence, where it is supposed even to solve the problem of guilt. We psychoanalysts, and today we may well say "we psychologists," know how little undivided conviction and will man possesses, and how often, in the course of the day, the waking man wills to do something and does not do it. What he willed was his real desire. But in spite of his willing and desiring the ego obeyed the super-ego, not only did not fulfill the wish, but also repressed it. In the dream the wish awakens the psychic ego by means of the manifest dream pictures, and then the whole ego can sanction the wish in the dream, because while awake the ego wanted this wish too. Then, not only does the corresponding psychic ego boundary receive a cathexis but the bodily ego is aroused as well. However, such an arousal does not allow sleep to persist for long. For this reason it is possible, in waking from a dream with exceptionally strong and complete active bodily ego feeling, to observe oneself, and to become completely convinced of the fact, that on waking one has a strong sense of still wanting what he wanted at the end of the dream. In this manner, in the past few years, I have been able to establish by self-observation the typical significance of dreams with full bodily ego feeling, just as in previous years I was able to determine the significance of this feeling in the inhibition dream. My interpretation was confirmed when it was tested by the analysis of dreams. A concurrence of the will with the dream wish is an enhanced fulfilment of the pleasure principle, and, as a matter of fact, these intensive "will dreams" are particularly pleasurable. We know, however, that the opposing will of the super-ego easily changes them into inhibition dreams. Actually *the explanation of dreams with bodily ego feeling as "will dreams"* was already tacitly included in the explanation of inhibition dreams. The explanation, that toward the end of the sleep the body-ego might be expected to be awakening, is invalidated by the fact that more frequently it does not do so.

The observation, that a partial bodily ego feeling so often

accompanies dreamed movements, very well fits our explanation that active bodily ego feeling discloses the will of the dreamer. For these correspond to a volitional impulse magnified into an action. It is more curious that such movements should ever occur without bodily ego feeling. Dream analysis shows that such a lack of bodily ego feeling is not accidental. If a movement is made and no bodily ego feeling accompanies it to reveal that the patient willed it, this movement is intended to emphasize his ability, not his desire, to make the motion. The dream wish, then, refers to the ability. For this reason, the typical flight dream of an impotent man is that of flying in a machine. In this type of flying, as we recall, bodily ego feeling is usually absent. In fact, many impotent men do not wish the sexual act or an erection for sexual reasons; instead they wish that they were able to carry out the act, that is to say, that they were potent in general. This is true particularly in the case of neurotics for whom impotence fulfills an unconscious wish which runs counter to masculine sexuality, or of those neurotics in whom impotence is due to the desire not to have intercourse with particular sexual objects. Similarly, on the other hand, we can understand why some flying dreams occur *with* full bodily ego feeling; that is, because they represent fulfilment of actual willing, not merely wishing to be able to do it.

By observing bodily ego feeling, we have been able to determine the way in which "I want to" (*ich will*) and "I can" are expressed in dreams. From this we can see that this method of expression quite corresponds to the meaning of these verbs as auxiliaries of mode in the grammatical sense. For the mode of a verb expresses the attitude which a person's ego takes toward the activity or experience conveyed in the verb. In the case of "I will" the ego affirms the action and causes it to be carried out. "I can" states that, as far as the ego is concerned, the action is possible. It is therefore meaningful and logical that in dreams "I will" is expressed by the presence of active bodily ego feeling, and "I can" by the presence of

psychic ego feeling only, and an absence of ego feeling. These findings should encourage us to look for other expressions of modality in dreams.

The somnambulist, referred to above, presented a special increase in bodily ego feeling, which he perceived not as active ego feeling but, at first, as a burden; and yet at the same time he willed to do the difficult thing. Accordingly, as far as I gather from his description, there was a *passive bodily* ego feeling and an *active psychic* ego feeling. His super-ego had commanded him to carry out the action. This curious combination expresses in a characteristic way, "I should" (*ich soll*)—a volition in the service of the super-ego and an unwillingness of the ego. It must be added that in the course of his sleep-walking, his body ceased to be a burden and his bodily ego feeling became active. Therefore, after the resistances were overcome, and in the presence of the feeling that it was only a dream, an active will accompanied the dream activity. Similarly, in waking life, in the case of "I should", there are present, simultaneously, an activity of the willing ego and a resistance from a part of the ego. Both are expressed in the dream by the constituents of ego feeling. If we now turn to the inhibition dream—already explained by Freud in the *Interpretation of Dreams*—my own investigations¹ have shown that it expresses "I want to but am not allowed" (*ich darf nicht*). In this the influence of the super-ego is unconscious; there is only an awareness of the fact that the body or a part of it, strongly invested with bodily ego feeling, cannot be moved. A muscular apparatus invested with bodily ego feeling is withdrawn from the psychic ego.

The recognition of the meaning of ego feeling in dreams gives rise to a need for a new detailed investigation of these typical dream forms. My present communication is, therefore, a preliminary one. However, it can be safely asserted that the different types of investment with ego feeling—either purely psychic ego feeling or psychic plus bodily ego feeling,

¹ Federn: *Über zwei typische Traumsensationen*. Jahrb. d. Psa. VI, 1914.

active or passive, total or partial—expresses the various modalities of dream occurrences. Conversely, we shall be able to deduce the modality of the dream occurrences from the condition of ego feeling in cases where the analysis of the dream does not give it, and thereby advance psychoanalytic interpretation. The observation of ego feeling in dreams opens a new path for dream interpretation, so that we shall be able to apply the appropriate auxiliary verbs to the dream action. For, as we have shown above, these verbs express the attitude of the ego and of the super-ego toward the action, whereas the main verb conveys the alteration of the object brought about by means of an effector organ or instrument. That "I want to", "I can", "I am not allowed" and "I should" are expressed in the dream by the ego cathexis, fully corresponds to the processes in waking life. ("I have to", "I cannot" and "I am allowed" still await interpretation.) In waking life the whole ego and super-ego take definite stands in relation to an action corresponding to these auxiliary verbs; for example, in the case of "I want to", there is active psychic and bodily ego feeling, thought, impulse, and motor activity. In dreams, however, because of the withdrawal of cathexis, both motor and thought activity are usually lacking. For this reason, the differences of ego feeling are the only means which remain at the disposal of the dream to express modality. The difference between "I want to" (*ich will*), "I should", "I must", "I am allowed to" and "I can", which are so great in waking life, are expressed in dreams only by means of subtle, long-overlooked differences of ego feeling; that is to say, they are barely more than indicated. However, the poverty of this means of expression need not surprise us, for we have long since been taught by Freud that even the most powerful instinctual desires are often represented in dreams by a remote symbolism, in itself almost indiscernible and long overlooked.

In waking life, all power is returned to the ego, in particular the will. *The will is the turning of the whole active ego*

cathexis to particular activities,¹ whether they be mere thinking or action. To believe that the will is only a foreknowledge of an event which would occur in any case is a completely erroneous intellectualistic conception, as Klages long since proved. The ego as a whole has at its disposal a certain active libido cathexis which it can send out or withdraw, and *this* is the will. Active bodily ego feeling in waking life represents the materially smaller permanent cathexis of the ego. In dreams it represents the will.

The will is not mentioned in Freud's book on dreams,² for the reason that the will belongs to consciousness and to the ego. My contribution aims to amplify our knowledge of dreams, particularly by showing that willing, also, can be recognized in dreams. It is consistent with the theory of dream interpretation to believe that even small differences in cathexis with ego feeling are not insignificant and accidental, but that they too are determined—determined in the same way as the modality or the latent affect which they indicate. When future studies have added to our knowledge, these determinations will also be found of use in the interpretation of dreams.

¹ My previous theory (Federn: *Variationen des Ichgefühls*. Int. Ztschr. f. Psa. XII.) that the death instinct is intimately associated with the act of willing, as I hope to show in a future paper, is probably true and does not conflict with the above statement.

² When willed actions appear themselves in the manifest dream content, they are derived, like thinking processes, from the dream material.

NOTE ON THE THEORY OF LIBIDINAL TYPES

BY DORIAN FEIGENBAUM (NEW YORK)

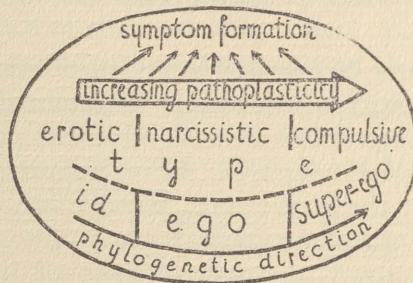
The following remarks are suggested by a study of Freud's *Libidinal Types*,¹ in which psychological types are defined on the basis of the nature and predominance of investment of libido. Freud distinguishes three classes—the *erotic*, the *narcissistic*, the *compulsive*; and suggests, in addition to these "pure types," their possible combinations, or "mixed types"—the *erotic-compulsive*, the *erotic-narcissistic*, and the *narcissistic-compulsive*. Although calling attention to the fact that all these types can exist without manifesting neurosis, Freud surmises that a relation may exist between the libidinal types of characters and the form of neurosis that they may assume in case of neurotic illness, conditioned by other etiological, specific factors.

The question may be raised whether the relation of the libidinal types to pathology is not further determined by the intrinsic developmental position of each libidinal phase that gives specificity to the particular type. Recapitulating Freud's classification, we note: the *erotic* type, socially and culturally, primarily represents the elementary claims of the id; the *narcissistic* type, characterized by predominance of interest in self-maintenance and activity, exhibits predominance of the ego; the *compulsive* type, distinguished by special deference to conscience, represents predominance of the super-ego. We may assume then that the three libidinal types are phylogenetically not of the same order, but represent a progression from the *erotic* to the *narcissistic* and to the *compulsive*, in accordance with the development from the id to the ego and to the super-ego. This leads to the hypothesis that in the relation of libidi-

¹ Freud. S.: *Über libidinöse Typen*. Int. Ztschr. f. Psa., XVII, 1931. Eng. trans. by Edith B. Jackson, this QUARTERLY I. 1932.

nal types to pathology, the pathoplastic power of the pure types and their combinations, the "mixed types", pursues symbatically² the line of phylogenetic progression. It would follow that the lowest pathoplastic power appertains to the pure, definitely *erotic* type, because it is rooted in the primitive stratum, i. e. the id. An admixture in the direction "upwards" will then increase the pathoplastic power. Therefore, when the dominant *erotic* combines with a *narcissistic* or *compulsive* type, the pathoplasticity, or neurotic potentiality, must be augmented. In a similar manner, since an admixture in the direction "downwards" decreases the pathological potentiality, the addition of an *erotic* type to a dominant *narcissistic* or *compulsive* type would necessarily diminish the morbid disposition. Finally, in the case of a dominant *compulsive* type each combination with another type—with the *erotic* or *narcissistic* one—must decrease its pathoplasticity.

The following diagram will illustrate:



²To use an expression recently introduced in physics, meaning "conformably growing"; "in direct proportion" would be a special instance of a symbatic relationship.

OUTLINE OF CLINICAL PSYCHOANALYSIS

BY OTTO FENICHEL (BERLIN)

CHAPTER III *

HYSSTERIFORM CONDITIONS

c. *Inhibited States*

As we have learned, the hysterical symptom is an outcome of an instinctual conflict and is due to the return from repression of the infantile sexual excitation. To be sure, defensive forces also took part in the formation of the symptoms. However, generally speaking, the gratificational component of the symptom seems in hysteria to outweigh the element of defense. We shall hear later that in compulsion neuroses the status of the symptoms appears to be different. There the defensive meaning of the symptom is most striking, but even in compulsion neuroses, there are in addition to these symptoms others which represent a distorted breaking through of the instinct, or these symptoms contain a concealed gratification, so that the return of the repressed appears to be an essential feature of the compulsion neurosis too. Let us now think of the two other types of symptoms which we have already studied. In the development of a phobia, for instance, we could observe two different stages: after a harmless function, like walking on the street, is sexualized, at first, anxiety appears whenever the individual is in a situation which reminds him of the repellent function. Then, in order to avoid this anxiety, the phobic façade is developed; properly speaking, the patient simply avoids the situation (or does not make use of the function) which would produce the anxiety. This second, actually phobic symptom formation is easily understood. Its explanation does not lie in the instinctual conflict;

* This is the third installment of Otto Fenichel's *Spezielle Neurosenlehre*. Translated by Bertram D. Lewin and Gregory Zilboorg.

the ego, which controls the individual's motor apparatus, and which had been the victim of the unpleasant anxiety, simply refuses to carry out the motor action in question and consequently avoids the anxiety. This process may be regarded as taking place solely within the ego, and we designate it an inhibition. In phobias, the inhibitions appear only after the anxiety hysteria as such has set in and been elaborated. It is, of course, also conceivable that in other cases the ego might succeed in avoiding an unpleasant conflict by inhibiting the offensive sexualized function, once, through internal perception, the ego becomes aware of the repellent nature of this function. We must ask, then, as we did in the case of repression, how the ego puts into play this mechanism of preventing motor expression.

In the second place, let us recall a symptom of conversion hysteria which may also be a symptom of other neuroses—namely, psychogenic impotence in men. In a simple case, we might assume that psychoanalysis would show that the patient was afraid that his genital organ might be injured while it was in the vagina. His ego is afraid of this injury and consequently desires to suppress the sexual act which is the aim of his id. The functional rôle of this symptom is evident: impotence can hardly be a "distorted" instinctual gratification. We can say, therefore, that the impotence is a physical alteration due to a defensive action on the part of the ego, and that it prevents the carrying out of an instinctual activity regarded as dangerous. The part of the ego that exerts this action is a deep one, topographically speaking, which stands in close relation to the id. It is the part in which castration anxiety is located, and it has at its disposal special neural pathways, which it can use for purposes of protection against instinct and which are not subject to voluntary control. The process might be formulated as follows: The ego adjudges that a certain instinctual activity would entail danger. It discontinues this activity, and insures this discontinuance by modifying certain organic functions.

If we accept the definition of a neurotic symptom as a distorted sexual gratification—a breaking through of the id—we must admit that the impotence described above, originating entirely in the ego (even though it is, to be sure, directed against id tendencies), cannot be considered a neurotic symptom. We again have to speak of an inhibition. In practice, of course, it is not always easy to differentiate between a protective organ alteration of this type and a true hysterical conversion symptom. We have already given one example of this kind: In speaking of certain muscular dysfunctions, in particular the muscular hypertonicities, we stated that the symptoms might be viewed not only as hysterically expressed erections, but also as expressions of a general tendency to inhibit the motor expression of certain offensive impulses (for example, displaced sphincteric functions).

Inhibitions may or may not be associated with neurotic symptoms of various kinds. We must, indeed, also assume that a normal person has to a certain degree both constant and variable inhibitions. But for the present we are considering only those cases in which one or more inhibitions are serious enough from a practical standpoint to represent the essential feature in a psychogenic clinical picture. The most significant of these cases are related to hysteria; however, some are more closely related to organ neuroses, compulsion neuroses, and psychoses.

A systematic presentation of the motives which move the ego to institute inhibitions will not cause us any labor, for we have only to report the one given by Freud.¹

1. Individuals who are acutely in the throes of a struggle of repression—who are, that is, continually forced to be on the defense against the demands of their instincts or against temptation—are expending a great deal of energy. This energy is used as counter-cathexis—so much so, that little is left for the ego functions, which are then brought to a state of “general inhibition due to quantitative impoverishment”. The

¹ Freud: *Hemmung, Symptom und Angst.* Ges. Schr. XI, 23-27.

ego cannot act because it spends all its forces on the execution of its silent, inner, consuming task. Much of what in clinical practice is called "chronic neurasthenia" and especially the "exhaustion neuroses" come under this heading, as do many general inhibitions of work and similar disturbances in children. There are obviously transitions between this state and hebephrenia.

2. There are certain persons with a particularly intense sense of guilt that dates back to their infantile sexual life. These people labor under the constant necessity of paying off a debt to their conscience. The extreme representatives of this type are the personalities described by Freud under the rubric of "those wrecked by success",² "the criminal from a sense of guilt",³ and the moral masochist.⁴ These individuals appear to feel that they should not utilize their talents or the advantages afforded them by natural endowment and character. They inhibit those of their functions which might lead to success. Such inhibitions gratify the demands made by the super-ego on the ego.

3. Most cases of inhibition belong to the type in which the phobic mechanism is applied. The ego, when for unconscious reasons it is on the defensive against sexual impulses, inhibits a particular function if this function, though in itself innocent, has acquired a sexual meaning through displacement. The functioning in question must be inhibited because its activity would give rise to the sexual pleasure against which the defensive maneuver was undertaken. In other words, the same device which was applied in the case of impotence directly to the sexual function is here applied to the function which was sexualized through a displacement. In reference to this process, Freud states: "We have gained insight into this

² Freud: *Die am Erfolge scheitern.* Ges. Schr. X. (Trans. in *Coll. Papers*, IV.)

³ Freud: *Die Verbrecher aus Schuldbewusstsein.* Ges. Schr. X. (Trans. in *Coll. Papers*, IV.)

⁴ Freud: *Das ökonomische Problem des Masochismus.* Ges. Schr. V. (Trans. in *Coll. Papers*, II.)

situation and understand that the ego function of an organ becomes affected whenever the erogeneity—that is, the sexual significance, of this organ increases. If I may be allowed a somewhat scurrilous comparison, I should say that the organ behaves like a cook who no longer wants to work in the kitchen because she and the master of the house are having a love affair. When the act of writing, which consists in letting a liquid flow out of a tube on to a piece of paper, acquires the symbolic significance of coitus, and when walking becomes the symbolic substitute for stamping on the body of mother earth, then both writing and walking have to be discontinued, because it is as if the performance of these actions meant the carrying out of the forbidden sexual acts. The ego thus gives up these functions in order to avoid the necessity of undertaking new repressions.”¹

Now for a few words as to the clinical characteristics of the three genetically different types:

The first type, which was characterized as a “generalized inhibition due to quantitative impoverishment” may present acute and chronic forms. The acute form resembles the “exhaustion neurosis” and usually sets in when fate or some single definite situation demands of the ego an immediate and sharp repressive action; the inhibition disappears as soon as the task is fulfilled or the situation changes. The chronic form of this inhibition appears to be a lifelong attempt to keep down a repressed impulse, at the expense of the development of the whole personality. In these cases, only the impoverishment of the ego, which to a certain extent is suffered by all neurotic persons because of their repressive activity, stands out with clear definition. Individuals suffering from this form of inhibition are those “generally inhibited” persons who in consequence appear to live with much less intensity than everyone else, and who are conspicuous for their apathy, indifference, and lack of initiative. From the standpoint of the unconscious content, both the acute and the chronic forms

¹ Freud: *Hemmung, Symptom und Angst.* Ges. Schr. XI, 26.

represent a struggle against aggressive and sadistic impulses rather than against genital and sexual ones. Theoretically, the difference between these reactions and hebephrenia may readily be defined: in the inhibited states, the object relationships are still preserved in the unconscious and remain libidinized, whereas in hebephrenia the libidinal impoverishment is not only apparent but real. The libido is actually withdrawn from the objects and not only from external behavior. In clinical practice, however, it is not always easy to make such a differentiation, for even in hebephrenia, particularly in the early stages, the narcissistic regression is incomplete; and in analysis, hebephrenics too may present a picture of extremely apathetic individuals with underlying deep hostile conflicts in relation to objects. As to the acute types, Freud has given an example of a case in which the person would fall into a state of apathy under conditions which in a normal person would provoke an attack of rage. This patient could not permit himself to become enraged, because for him an outburst of rage seemed to be the expression of offensive infantile sexual relationships.¹ One of my patients showed the same reaction. Analysis of chronically apathetic individuals also reveals that they are originally extremely aggressive, but because of castration anxiety later inhibit their aggression, and occasionally turn it against their own ego, transforming it into masochism. Psychoanalysis of such individuals reveals terrific unconscious phantasies of destruction. The main task in the analytical procedure in such cases is to conduct it with due consideration for the psychic economy; for the analyst must agree with the patient, who, clinging to the state of apathy, expresses the feeling that if he gave up his inhibitions, the pressure of the overwhelming hostile impulses that are dammed up in him would make him explode like a steam engine without a valve. It is probable that the "raptus" of psychotics, and possibly some epileptic attacks, represent "explosions" of this nature. In other words, external exaggerated

¹ Freud: *Hemmung, Symptom und Angst.* Ges. Schr. XI, 27.

calm may cover up the greatest degree of internal restlessness consequent to a damming up of libido. Frequently this "calm" or apathy is presented as if it were due to a feeling of unpleasantness in relation to work or any activity, but in fact it is caused by inner tension and restlessness.

In order to diagnose an inhibition due to the libido economics described above, it is not sufficient to depend on the presence of what clinically and descriptively would be called "apathy". The diagnosis can only be established by a trial analysis. In those cases in which the mechanism described stands out clearly and on the surface, the therapeutic outcome of a psychoanalysis may be very good, for analysis can relieve the patient of his all-consuming repression conflict and can restore to him his full energy. It is much more difficult to treat the chronic cases. The therapeutic difficulties encountered in cases of long standing, where the whole personality is tied up with the neurotic inhibitions, are the same as those met with in the analysis of characters. Unlike an analysis where there are symptoms to be cured, the analysis is opposed by the incompleteness of the patient's insight and desire to get well, and by the uncertainty as to what stand the ego will take. The cases which are closely related to hebephrenia present additional difficulties created by the narcissistic orientation of the patient, and the chief problem is that of differential diagnosis, which can be solved only by a trial analysis.

Severe cases of the second type—"inhibitions which serve to gratify a demand of the super-ego"—display clearly the severe narcissistic nature of the disturbance. The fundamental conflict is in such cases a purely intrapsychic one between the ego and the super-ego, and does not involve objects of the external world. Despite this, some cases of this type reflect definite object relationships, at times with minute accuracy. It is not difficult to understand this fact if we recall that the super-ego is formed by the introjection of objects; such cases present an indirect proof of how the super-ego originates. In the main, these cases are indistinguishable from masochistic char-

acter types; some of them represent transitional states and belong to the group of manic-depressive psychoses—naturally, they show inhibition only in the depressive phases. Among these transitional states which show an affinity with depressive psychoses, cases may be found which ostensibly display all the clinical signs of depressions; they differ from depressions, however, in that the signs do not set in acutely but are integral qualities of the patient's personality and persist throughout life. It is difficult to imagine the intensity of these persons' hostile tendencies and sense of guilt.

As an example of cases of this type, we refer to the "proletarian girl" whose diary was published by Ferenczi, shortly after her suicide.¹ She had suffered from a number of tragic blows: when she was three years old her mother had died; when she was five, her father; in her pubertal years, one of her brothers; and some time later another brother and her only lover. Throughout her childhood she had suffered extreme torture at the hands of a sadistic step-mother. She bore these blows of fate with resignation: she took them as a punishment for unconscious guilt and kept on repressing all impulses to hate. Her personality, therefore, presented a clinical picture similar to that of an acute depression. In addition to her constant self-humiliation, she suffered from numerous accidents, losses of money, and similar difficulties, which were signs of the destructive drives directed against her ego. She was inhibited in all her relations with life. Occasionally she would have a period of pathological lying, which suggested manic features.

The psychological mechanisms at work in such persons are those of the depressions and will be discussed more fully in connection with the manic-depressive psychoses.

Freud has repeatedly called attention to the fact that one of the most difficult tasks which analysis sets itself is that of conquering a severe unconscious sense of guilt. It is indeed questionable whether such a sense of guilt can be conquered at all.² Theoretically speaking, the only way of resolving an unconscious sense of guilt is to expose psychoanalytically all the infantile object relationships which form the foundation of the super-ego; this, as Freud pointed out, is accomplished

¹ Ferenczi, Sándor: *Aus der Kindheit eines Proletariermädchen*. Ztschr. f. psa. Päd. III, 1929.

² Freud: *Das Ich und das Es*. Ges. Schr. VI, 395. (Trans. by Riviere, *The Ego and the Id*, p. 71.)

most successfully in the relatively rare cases of the so-called borrowed sense of guilt.¹ The treatment of such cases, and particularly the possible need of modifying the psychoanalytic technique to suit them, has recently been the subject of much discussion; the investigation of the problem is by no means completed. The prognosis, then, in cases of this type, in which there is a strongly narcissistic element, remains doubtful. There are, however, more amenable cases, where the individual does not bow so completely before his super-ego and does not fill his whole life with ruinous inhibitions, but instead is inhibited only in one or another definite function. To this group belong the so-called occupational neuroses with symptoms which, in a way, are analogous to impotence—that is to say, the individual develops a disturbance in a definite organic function so that he is unable to perform what his occupation requires of him. Writer's cramp and violinist's cramp are examples in point. Experience shows that they are very difficult to cure, and this may be due to the fact that many of them have the "super-ego" type of inhibition, so that their case really represents a narcissistic conflict with their super-ego. The prognosis for analytical therapy in such cases will depend on the estimate that can be made from a trial analysis as to which mechanism happens to be crucial in producing the inhibition. The prognosis will be worse the more closely the cases approximate the super-ego type, and more favorable if the cases are related to the third type we are about to describe.² To cite an illustrative case:

When playing, a violinist suffered from such severe cramps in his fingers that he planned to give up his vocation, for he felt unable to play in public. Before taking up music, he had been a painter, but had given up painting at the request of a younger brother. At that time, this brother, who had already gained some reputation as a painter, feared the competition of his older brother. Since the patient much preferred painting to music, it seemed

¹ Freud: *Das Ich und das Es.* Ges. Schr. VI, 395, footnote. (Trans. by Riviere, p. 72.)

² See Jokl, Robert Hans: *Zur Psychogenese des Schreibkrampfes.* Int. Ztschr. f. Psa. VIII, 1922.

strange that he should have acceded so readily to his brother's request. The neurotic symptoms that kept him from remaining a violinist seemed to express, in the first place, an unconscious wish to return to painting, to surpass his brother in this field, indeed, to kill him. The readiness with which he had complied with his brother's request was thus another compensation for the hostile feelings he harbored against the brother. However, the patient was not at all conscious of this trend; consciously he did not contemplate a return to painting; on the contrary, he made constant efforts to use his violin and thus incurred terrible failures, setbacks, and discouragements. It was clear that the cramp he developed expressed not only his compliance to his brother, but also and primarily a self-punishment for the hatred he felt for him. In other words, the cramp represented the gratification of a demand made upon him by a very severe super-ego. The history of his childhood made these psychological relationships more clear. The patient had a number of older brothers and sisters, and from a very early age he had felt a discrimination against himself in their favor. When he was three years old, and had been walking for some time, he developed infantile paralysis. Nothing was done to prevent the sequelæ of this illness. Consequently, the patient lost his ability to walk and crawled about the house on all fours. No one bothered about him. He grew up neglected, like an animal, feeling as if he were the lowest of the low and hating the whole world. When he was six his brother, the future painter, was born. Thus a new being arrived on the scene, a being that was smaller than he and could move about even less than he. This provided him with a source of great satisfaction, but an extremely great disappointment awaited him, which released great hate: his little brother learned to crawl about better than he, and even learned to walk, surpassing his older competitor. It was this situation of being surpassed by his younger brother who learned to walk that our patient repeated in the self-punitive cramp which he later developed. The wish to surpass his brother had to be repressed in this fashion.

So far, this case history reads as if it had been written from the standpoint of Adlerian "individual psychology," for we have given no account of the patient's infantile sexuality. However, the fact that not only his brother, but also his father, was a painter enabled the analyst to catch a glimpse of the deeper layers of his sense of guilt in relation to his father. After some months of analysis, which proved definitely that this man was totally dominated by his unconscious sense of guilt and by the resistances appropriate to it, the patient confessed that when he was twenty years old he had secretly had sexual relations with his father's mistress. (His mother had been dead for many years.) At this point he broke off the analysis, because, he said, he could not look a man in the eyes who knew this about him. It was thus impossible to learn more concerning the patient's infantile sexual experiences, but it was clear that the conflict over the ambivalent relations to his brother covered a deeper psychological level on which oedipus conflicts were being waged. It was thus the sense of guilt arising from his oedipus conflict which forbade him every form of success, inhibited his violin playing, and drove him to break off the analysis which held out a hope for his improvement.

The inhibition of "sexualized ego functions"—our third type of inhibition—is the one most closely related to hysteria. An individual having this type of inhibition presents analytically the best prognosis. On closer study one will find that there is actually a double origin to the inhibitions which are designated by this one term. Practically, it is quite difficult to separate the two origins of the inhibitions. The example of the cook who carries on a love affair with her master demonstrates that the sexualization of a function, of itself—even when the ego has no objections to it—will lead to an inhibition. Under certain circumstances it is very important to differentiate whether the ego functions poorly in some way because it is seeking sexual gratification instead of performing its functions, or because it discontinues the sexualized function through fear of castration. One thinks in this connection of certain inhibitory muscular twitchings and stereotyped movements which, like compulsive symptoms, represent both a masturbatory equivalent and a form of repression of masturbation. It is probable that symptoms which originally served the purpose of suppression gradually become gratifications, but such cases are no longer to be considered in the class of purely inhibited states. Instead, they would be classified as neuroses, or if the gratification is consciously perceived as such—as perversions. As an accompaniment to a neurosis, as we have seen, inhibitions of this type are found constantly in anxiety hysteria, which they make over into phobias. Theoretically speaking, these inhibitions are in the nature of a counter-cathexis—that is, they represent measures set into play by the ego in order to assist in maintaining repression. It is obvious that the prognosis in cases of this type of inhibition is the same as in hysteria. Certain cases with this type of inhibition incidentally corroborate Freud's thesis that the neuroses are sexual disorders.¹ There are cases of impotence, vaginism, and frigidity—in other words, motor and sensory conversion symptoms that interfere with sexual pleasure. They are symptoms

¹ Reich, Wilhelm: *Die Funktion des Orgasmus*, p. 14.

which accompany the majority of neuroses in general; but in so far as they occur in otherwise normal persons as an isolated symptom, they may be regarded as belonging to the type of inhibition under consideration. In such cases, any sexual act has become an unconscious expression of infantile sexuality, which is closely connected with the danger of castration and the danger of losing love. In order to avoid these dangers, the ego must discontinue its sexual function.

The three sexual inhibitions—impotence, frigidity, and vaginism—are not equivalent, in spite of the fact that the mechanisms involved in these conditions are quite similar. Impotence, as a rule, and in most cases, represents the type of "pure inhibition", a sort of bodily insurance put into effect by the deep repressive layers of the ego. The ego gives up its sexual pleasure because this pleasure is perceived as a danger. As a rule, the danger implied is that of being castrated, because of the idea, in the unconscious, that the genital organ will be injured while it is in the vagina. This idea is incidentally due to the tenacious preservation of the infantile sexual aims, against which, however, the phantasy was at one time erected. Since the preservation of infantile aims is one of the characteristic traits of neuroses, we find that disturbances in potency are by-manifestations in all neuroses. The "nuclear complex" of infantile sexuality is the oedipus complex. It has been stated by Ferenczi,¹ and in Steiner's special monograph,² that the simplest and most typical cases of impotence are due to the persistence of an unconscious sensual attachment to the mother. But this is not necessarily true of all cases. We should not forget the complete oedipus complex. The man with an unconscious feminine orientation will also avoid exercising his masculine sexual function because of anxiety—and "feminine identification", of which we shall speak later,³ plays an important part in the psychogenesis of the more stubborn cases of impotence.⁴ In view of the fact that a feminine identification represents as a rule a sexualized defense against active masculine sexuality, there are cases in which the symptom of impotence acquires the meaning of a concealed gratification; namely, a masochistic one. Freud rightly said, when speaking of the prognoses of the cases of impotence: "It is a matter of striking surprise when in the course of an analysis of a case of impotence, we discover that the 'purely

¹ Ferenczi, Sándor: *Analytische Deutung und Behandlung der psychosexuellen Impotenz beim Manne*. Psychiat.-Neurol. Wchnschr. 1908. (Trans. by Jones, in *Contributions to Psycho-Analysis*. Boston: Badger.)

² Steiner, Maxim: *Die psychischen Störungen der männlichen Potenz*. Leipzig and Vienna. 1913.

³ In later chapters of this *Outline*.

⁴ Steiner, Maxim.: *Die Bedeutung der femininen Identifizierung für die männliche Impotenz*. Int. Ztschr. f. Psa. XVI. 1930.

'psychic' impotence conceals an exquisite and perhaps a deeply rooted narcissistic orientation of very long standing".¹ The form of impotence known as *ejaculatio præcox* is clinically more important than the inability to have an erection. In typical cases Abraham found three different and mutually supplementary determinants.² One: a feminine orientation, as in cases of severe disturbances of erection. This orientation is already noticeable in the choice of the erotogenic zone; instead of the glans and the shaft of the penis, we find that the root of the penis and the perineum (or the perineal part of the urethra) are the most excitable regions. This condition indicates a constitutionally enhanced bisexuality, but, on the other hand, it could arise as a reaction to a psychogenic inhibition of the erogeneity of the penis. Two: a sadistic orientation which is concealed under ostensible passivity and which has as its aim, to injure and soil the woman (the mother). Three: an intensified urethral eroticism which makes the individual regard semen as material for autoerotic pleasure—the child's attitude to his urine. All three of these characteristics indicate a much deeper disturbance than those presented by a simple inhibition or hysteria. This agrees with the findings of Tausk, who pointed out the significance in *ejaculatio præcox* of strong feelings of guilt connected with masturbation.³ Reich confirmed the presence of these characteristics—the unconscious utilization of the genital organs for pregenital purposes—in severe cases of *ejaculatio præcox*, which he placed among the chronic neurasthenias mentioned above. Yet he clearly pointed out that there is also a milder form of *ejaculatio præcox* which is related to hysteria. In this form the disturbance appears periodically, the ejaculation is not in the form of a flow but in the form of spasmodic spurts, and there are other signs that the genital development was complete. In these cases the prognosis is much more favorable than in those related to chronic neurasthenia.⁴ This more genital form of *ejaculatio præcox* frequently shows, according to Radó, the displacement of the prohibition of masturbation on to the prohibition of touching. This mechanism (which was mentioned in our chapter on anxiety hysteria) is thus responsible for the precocious ejaculation. The precocious ejaculation aids the patient to comply with the prohibition, in that he can avoid touching or can shorten the time of his touching the genital organ.⁵

Frigidity, like impotence, at first glance seems to be the expression of an inhibition of sexuality in women, especially vaginal sexuality. Here, too, it appears that the gratification of a persistent infantile genitality is perceived as a danger to be avoided, especially as a danger of losing love or being

¹ Freud: *Ein Kind wird geschlagen*. Ges. Schr. V. (Trans. in *Coll. Papers*, II, 172.)

² Abraham, Karl: *Über Ejaculatio præcox*. Int. Ztschr. f. Psa. IV. 1917. (Trans. in *Selected Papers*.)

³ Tausk, Viktor: *Bemerkung zu Abrahams Aufsatz "Über ejaculatio præcox."* Int. Ztschr. f. Psa. IV. 1917.

⁴ Reich, Wilhelm: *Die Funktion des Orgasmus*, p. 126.

⁵ Radó, Sándor: Paper read at the meeting of the German Psa. Society, 1931.

genitally injured (e. g., of being torn by the father's powerful penis). In cases of total frigidity it is easy to demonstrate the presence and the importance of such anxiety. Not to feel anything thus expresses the idea "I don't want to have anything to do with it" and is only a special case of the general type of the defense of estranging oneself from one's own body. The extreme frequency of frigidity is due to the customary upbringing which girls obtain in an atmosphere where sexuality is dismissed. This estrangement is analogous to the sensory disturbances of hysteria and offers a good opportunity for the living out of repressed infantile sexual phantasies, which are given free play in relation to the estranged sexual organ. In other words, frigidity easily develops from a simple manifestation of an inhibition into a neurotic symptom. The most important infantile sexual phantasies which are connected with this symptom are again related to the *cedipus complex* and to the masculine identification which is characteristic of the inverted *cedipus complex*. The masculine identification is connected with another point of great importance in frigidity. The great majority of women are not genitally, but only vaginally, frigid or at any rate, they are not able to have a vaginal orgasm. In such women the clitoris has preserved its normal—or more than normal—excitability. As we know, the abandonment of the clitoris as the primary erotogenic zone is part of normal feminine sexual development. Therefore, we must consider frigidity as an arrested development. If the clitoris refrains from turning over its primacy to the vaginal zone, the following factors may be involved: first, psychological determinants of frigidity such as a rejection of sexuality as a result of anxiety related to the vaginal zone; and second, erotogenic causation—a special constitutional or accidental reenforcement of clitoris erogeneity.¹ This increase in the erogeneity of the clitoris is at times related to an extremely great bisexuality—a really active masculine sexual striving which, according to Lampl-de Groot, characterizes cases of this type.² It seems to us that the actual state of affairs is at times made more intricate by the fact that the clitoris masturbation, which is responsible for the excitability of the clitoris becoming fixed, serves as an outlet not only for masculine and autoerotic, but also for definite passive feminine sexual phantasies. We prefer, therefore, the point of view of Helene Deutsch, who claims that frigidity sets in if the woman fails to fuse her direct instinctual aims with the masochism which is peculiar to women.³ We may, therefore, formulate the situation as follows: frigidity develops if the woman fails to find an outlet in the vaginal erotogenic zone for her normal passive feminine sexual impulses, with freedom from anxiety and guilt.

Finally, vaginism rarely occurs as a purely inhibitory symptom. Even though, in reality, it only prevents penetration, it expresses not only the

¹ Freud: *Drei Abhandlungen zur Sexualtheorie*. Ges. Schr. V, 96. (Trans. by Brill, *Three Contributions to the Theory of Sex*, p. 78.)

² Lampl-de Groot, Jeanne: *Zur Entwicklungsgeschichte des Ödipuskomplexes der Frau*. Int. Ztschr. f. Psa. XIII, 1927. (Trans. in Int. J. Ps-A. IX.)

³ Deutsch, Helene: *Der feminine Masochismus und seine Beziehung zur Frigidität*. Int. Ztschr. f. Psa. XVI. 1930. (Trans. in Int. J. Ps-A. 1930.)

tendency to offer an obstacle, but also the unconscious wish to break off the penis and to keep it. In other words, it is an expression of the revenge type of female castration complex, which is so frequently based on pregenital aims.¹

The idea that in the phobias, phobic inhibition serves the purpose of insuring a complete repression, brings to mind Freud's statement that by means of these inhibitions the ego spares itself the need of producing new repressions.² This formulation requires some comment. Freud must have meant merely that the ego spares itself the discomfort of letting the conflict become acute, that it relieves itself of the necessity of spending a great deal of energy in increasing the intensity of a repression already existing; that is, it spares itself the necessity of instituting a "repression proper" (*Nachdrängen*) after there has taken place a "primal repression" (*Urverdrängung*). It would, perhaps, be more correct to state that this form of inhibition is a type of repression or assurance of repression, a type of counter-cathexis, by means of which the ego saves itself the necessity of using other types of repression which entail the expenditure of a great deal more energy. A phobic inhibition, then, is that type of inhibition which has theoretically the best right to be regarded as a special form of counter-cathexis. The phobic individual concentrates all his interests and attention to avoid conditions which produce anxiety. This is similar to the hysterical behavior which tends to avoid any contact with the parts of the body that are painful. What differentiates these two reactions is the location of the counter-cathexis: in one it is in the sensory, in the other in the motor sphere.

The mechanisms which were described above are the ones which usually give rise to a hysterical inability to walk or to talk; this is particularly true in those cases in which there is a strong tendency to avoid things. It is conceivable, also, that in such cases there is merely a "withdrawal of cathexis".

¹ Abraham, Karl: *Äusserungsformen des weiblichen Kastrationskomplexes*. Int. Ztschr. f. Psa. VII. 1921. (Trans. in *Selected Papers*.)

² Freud: *Hemmung, Symptom und Angst*. Ges. Schr. XI, 26.

On the other hand, in those inhibitions which develop as a result of psycho-economic impoverishment, the withdrawal of cathexis is undoubtedly the sole essential mechanism; for only by this mechanism could the other functions be provided with the necessary quantities of libido.

We would thus expect that in inhibitory states—in those cases, for instance, which lose certain interests or capacities—the mechanism of cathexis withdrawal might play a greater rôle than in repressions that lead to the development of a neurosis; the latter repressions, in order to remain effective, need large quantities of counter-cathexis. However, this expectation is fulfilled only in cases of so-called psycho-economic (quantitative) impoverishment. On closer examination the phenomenon of counter-cathexis may be found regularly in cases other than phobias. I was able, for instance, to demonstrate the rôle of counter-cathexes also in the inhibitions of "body" reactions, in purposeless motor behavior, and in the "estrangement" of certain bodily parts, a phenomenon which is analogous to the self observation of cases of depersonalization.¹ Thus, not only the organs which are deprived of libido, as Federn² pointed out, disappear from the field of ego-awareness, but also those which, despite being highly cathected, happen to be correspondingly counter-cathected. This phenomenon is similar to one met with in dreams when we find occasionally that a manifest dream element appears to be unimportant and to represent a latent dream thought which is poorly cathected; but usually these apparently unimportant elements are actually highly endowed with libido, a fact which is concealed in the manifest dream content because of a counter-cathexis.

The above discussion involves two theoretical problems which we may briefly consider: the nature of the inhibitions

¹ Fenichel, Otto: *Über organlibidinöse Begleiterscheinungen der Triebabwehr*. Int. Ztschr. f. Psa. XIV. 1928.

² Federn, Paul: *Einige Variationen des Ichgefühls*. Int. Ztschr. f. Psa. XII. 1926. (Trans. Int. J. Ps.-A. VII, 1926.)

due to the activity of the super-ego, and the relationship between inhibition and repression.

As has been said, in order to bring about an inhibition, the ego either withdraws a certain amount of libido from a given sphere or it counter-cathects that sphere. The question then arises, how can this concept explain those inhibitions which result not from the excitations of the id, but from those of the super-ego? The answer is that fundamentally the mechanism is the same in both cases; for whenever the ego finds itself in a state of conflict with the super-ego, the same struggle takes place where they meet, with the same withdrawal of cathexes and establishment of counter-cathexes, as in the case of a conflict between the ego and the id. This struggle of the ego fighting on two fronts will become clearer when we have discussed the characteristics of the compulsion neuroses.

We must bear in mind that we also describe repressions, theoretically, as withdrawals of cathexes and the establishment of counter-cathexes.¹ Shall we say, then, that inhibition and repression are one and the same thing? Or, since we stated that phobic inhibitions are definitely localized counter-cathexes, shall we say that inhibition is a particular form of repression?

The relation between inhibition and repression can best be studied in those inhibitions during infantile sexual development which correspond to the repression of a particular component impulse. When, for instance, the impulse to peep (the active scopophilic impulse) is repressed, specific inhibitions of that sphere come to the fore, and in extreme cases develop to such an extent that the individual is totally unable to see the things in front of him and lives always only in abstractions; less extreme repressions lead to the turning away from a single class of objects. If certain oral impulses are especially subjected to repression, a frequent result is an inhibition of eating, of which no child is ever free; the nature of these disturbances and the specific underlying repressions are usually detected by means of psychoanalysis. As illus-

¹ Freud: *Die Verdrängung*. Ges. Schr. V. (Trans. in *Coll. Papers*, IV.)

trations one may cite the dislike for milk in persons who have unconscious wishes to regress to the nursing stage; or the dislike of meat, or of any red food which suggests blood, in individuals with strong cannibalistic trends; or the rejection of symbolic faeces or penises, like spinach or asparagus; or the rejection of symbols of "dissipation" like alcohol in accordance with the corresponding unconscious trends.¹ Similarly, inhibitions of aggressive impulses arise in persons whose sadism is repressed: anal inhibitions (anal prudishness) in case of repressed anal eroticism. The repression of castration anxiety may lead to definite inhibitions: thus, for example, an individual with memories of "tailors' shears" may be inhibited from going to the tailor, and consequently become shabby in regard to clothes. Many other inhibitions, transitional to phobias, are formed in a similar manner: thus, neurotic avoidance of bathing and swimming can be explained by the fact that these functions were "engulfed" with the repression of infantile sexuality.

These examples appear to show that, theoretically speaking, inhibition and repression are two aspects of one and the same psychological process. Repression is the psychological mechanism of which inhibition is a manifestation. To put it more correctly: when repression (withdrawal of libido, or counter-cathexes) is the *sole* factor which influences the behavior of the individual, we speak of an inhibition. On the other hand, a neurotic symptom is no longer a manifestation of a repression; it indicates the failure of repression.

These considerations bring inhibition into relation with all other manifestations of the ego's defensive activity. What, for example, is the relation of inhibitions to reaction formations? It is immediately evident that reaction formations are inhibitions raised to a higher power. We may add that just as there are secondary defense reactions against symptoms, so we find overcompensatory reaction formations against well

¹ Cf. Fuchs, Else: *Verweigerte Nahrungsaufnahme*. Ztschr. f. psa. Päd. IV. 1930.

defined inhibitions. In general, the defensive function of the ego participates more evidently in character formation than do the instincts. If one were to define character or personality as the habitual manner in which the individual brings himself into correlation with his instincts and with his environment, one could then consider the chronic inhibitions as a special type of character traits—traits existing alongside others more in harmony with the instincts. The problem of chronic inhibitions is most intimately connected with that aspect of characterology to which Reich refers when he says that character is a protective armor of the ego.¹ In so far as this armor is a successful protection, the ego is spared the work of repression—or to put it more accurately it is relieved of the need to resort to other more expensive methods of defense. Freud, in another connection, stated that the ego suffers losses in its structure in order to avoid having to repress;² it does in fact change its structure since, as a result of chronic inhibitions, a number of its functions and capabilities are made fallow. Various identifications may contribute to this defensive process of ego alteration, but they are not an obligatory condition.³

Just as any organ of the body may become the seat of a conversion symptom, so any function can be the victim of an inhibition. It is as impossible to enumerate all the types of inhibition which occur as it would be to enumerate all the phobias. Those of greatest clinical importance have been mentioned: the occupational, the sexual, and the motor inhibitions. Let us indicate other types which are also of clinical importance. We purpose a general orientation in the field of inhibitory manifestations rather than an additional

¹ Reich, Wilhelm: *Über Charakteranalyse.* Int. Ztschr. f. Psa. XIV. 1928, and: *Der genitale und der neurotische Charakter.* Int. Ztschr. f. Psa. XV. 1929.

² Freud: *Neurose und Psychose.* Ges. Schr. V, p. 422. (Trans. in *Coll. Papers*, II, p. 254.)

³ A more detailed consideration of this subject will be found in the chapter on "Character Disturbances."

description of individual inhibitions, because all inhibitions fall into one or the other psychogenetic class already described.

Special mention should be made, first of all, of the so-called erythrophobia—a general inhibition manifest in social relations, associated with a fear of blushing or with the conversion symptom of blushing.¹ Such individuals are inhibited socially to such an enormous extent that they cannot be considered as suffering merely from conversion hysteria. In the clinical picture of most of these cases there are a greater or less number of paranoid trends. These individuals complain that people are watching them to see whether they blush or not; they finally come to believe that people are watching them all the time. These trends betray the strong narcissistic fixation in this disturbance. Cases of this group which are more nearly related to hysteria show symptoms which serve simultaneously to express sexual feelings due to the oedipus complex, and their inhibition; they can therefore be treated like a hysteria. Cases which approach a psychosis may reach a point at which they have but one type of relationship to other people; it can be expressed by the question: What do they think of me now? They no longer feel love or hate; they feel only social anxiety. To treat them is as difficult as to treat a psychosis. In conclusion, we may say that these individuals show gradual transitions to the character anomaly which might be called "chronic timidity".²

Certain body inhibitions deserve special emphasis because of their special importance for the theory of organ libido. Unfortunately, they have not been sufficiently investigated. They appear in both parts of the ego which establish contact with the outside world: the motor and the sensory. To the motor inhibitions belong not only such gross signs as physical awkwardness, but all the more delicate awkwardnesses and purposeless motor acts of normal people, which represent the

¹ Cf. Feldmann, S.: *Über das Erröten*. Int. Ztschr. f. Psa. VIII. 1922.

² See the chapter on "Character Disturbances."

prototype of organ neurotic and catatonic reactions.¹ To the sensory inhibitory disturbances belong the sensations of bodily estrangement, and the whole field of inhibited inner perceptions which are usually intimately associated with motor dysfunctions; these states represent a transition from the normal to the pathological unawareness of one's organs and states of depersonalization. The sensory inhibition, as a result of insufficient contact between consciousness and body, may cause secondary motor disturbances.² From the point of view of origin, these disturbances may belong to any of the three types which have been described above, but are usually of the third type. As we have pointed out, the hysterical individual has at his disposal certain bodily functions which normal individuals ordinarily do not possess. We stated that when autoerotism and, with it, infantile sexuality become repressed, those body activities which were concerned with autoerotic behavior frequently become engulfed in the process of repression. Body inhibitions thus develop which correspond with the counter-cathexes erected against the sexual impulses. Severe motor inhibitions originate at times in definite traumatic situations, which existed in the early life of the individual. A "paralysis" through fear, due to the observation of a primal scene, may be cited as a case in point. In the course of a psychoanalysis one frequently observes these inhibitions as by-manifestations of neurotic reactions, and they are an interesting object for study. However, when unaccompanied by a clinical neurosis they hardly require psychoanalysis.

In addition to bodily inhibitions, there are mental ones. These are of great clinical analytical importance, but unfortunately they form a chapter of psychology which has not yet been sufficiently studied. Despite the fact that all analysts

¹ Fenichel, Otto: *Über organlibidinöse Begleiterscheinungen der Triebabwehr*. Int. Ztschr. f. Psa. XIV, 1928.

² Fenichel, Otto: *Über organlibidinöse Begleiterscheinungen der Triebabwehr*. Int. Ztschr. f. Psa. XIV. 1928.

agree that that these intellectual inhibitions play an important rôle, and that quite a great percentage of the so-called cases of "mental debility" (feeble-mindedness) turn out to be pseudodebilities conditioned by inhibitions, most of these cases have not been studied until very recently.¹

The existence of mechanisms of intellectual inhibitions can be studied in each analytical hour marked by resistance. Every intellect begins to show weakness when affective motives come into play. As to the reasons which induce the ego to keep the intellect in abeyance permanently, to inhibit it, and sink to the level of stupidity, we might suspect one of two things: in the first place exactly as in other inhibitions, the inhibited intellectual function must have been sexualized before the inhibition developed; and in that case, pseudo-debility would presuppose a displacement from below upward and a sexualization of the function of thinking. This function can be equated with the sexual function both by men and women, particularly by men; its inhibition will thus have the meaning of castration. Quite possibly the function of thinking also has (even more) special anal connotations, i. e., it may be libidinized in an anal erotic manner; we shall consider this aspect in our discussion of the compulsion neuroses. In the second place, sexual inquisitiveness, which offers most of the stimuli for the development of the intellect, plays an enormous part in the conflicts created by infantile sexuality. One would expect, therefore, that in the individuals under consideration this impulse must be particularly inhibited. In a case which I observed, I could see how the inhibition of sexual curiosity stood in intimate relationship with sadistic impulses, and the consequent "stupidity" was nothing but a reaction of hate against the parents at whose hand the patient had suffered frustrations. This connection with sadism explains

¹ Bornstein, Berta: *Zur Psychogenese der Pseudodebilität*. Int. Ztschr. f. Ps. XVI. 1930. Since then, a special number of the Ztschr. f. psa. Pädagogik was devoted to the subject of intellectual inhibitions. It contains a review of "The Psychoanalytic Conception of Intellectual Inhibitions" by Federn. Ztschr. f. psa. Päd. IV. No. 11/12, 1930.

why, as we have said, the sexualization appears to be more pregenital, anal or oral, in nature than genital. The understanding of the genetic relationships between the impulse to know, and the oral, or later manual, grasping pleasure, and still later anal mastery,¹ makes it easier to understand why the inhibition of the above-mentioned impulses plays such an important rôle in intellectual inhibitions.²

In Berta Bornstein's case, as in the one mentioned above, it transpired that the patient's complete intellectual inhibition was essentially of pregenital origin. It was a case of oral sadistic fixation which left a deep imprint on his later object relationships and on the oedipus complex. In combination with objective circumstances, a number of difficulties arose in the process of identification, after a sort of object loss was sustained, and the resulting reaction was the stupidity. Besides this, the ego utilized the stupidity for any number of secondary purposes.³

Studies were made of a number of incomplete disturbances of intelligence, such as the failure of children in certain subjects at school, the inability or unwillingness to study certain things, etc. The analytic study of such cases corroborates what we had to say about inhibitions in general: it was disclosed that a given subject, or something associated with the first instruction in the subject, or the manner in which it was taught, or the personality of the teacher, or an accidental feature which essentially has nothing to do with the subject proper, like a particular number in mathematics, or a particular letter in reading or writing—all such factors proved to be associated with the fundamental conflicts connected with infantile sexuality. By their inhibition one or two things was achieved: either the ego succeeded in escaping the conflict, or the super-ego could mete out a punishment on account of these conflicts.

¹ Schmidt, Wera: *Die Entwicklung des Wissenstriebes bei einem Kinde*. Imago XVI. 1930.

² Bornstein, Berta: *Beziehungen zwischen Sexual- und Intellektentwicklung*. Ztschr. f. psa. Päd. IV. 1930.

³ Bornstein, Berta: *Zur Psychogenese der Pseudodebilität*. Int. Ztschr. f. Ps. XVI. 1930.

In cases of special types of inhibitions of knowing or learning, as in all other cases of intellectual inhibitions, it is always a matter of what happened to the individual's infantile sexuality, particularly to his inquisitive impulses. The special form of the inhibition will depend upon the particular answer to this question. It often happens that the unconscious relationship between various instinctual factors, which are detected by psychoanalysis, appear to the adult not quite as illuminating as they might be. Thus, for example, a child may suddenly and quite accidentally notice the teacher's scissors, and because the child's castration anxiety was thus aroused, he may develop a lasting inhibition for the subject which happened to be discussed in that hour. A number of illustrations of special types of inhibitions of reading, writing or calculating are to be found in the communications of Aichhorn,¹ Klein,² Radó,³ Tamm,⁴ Zulliger,⁵ and others.

Closely connected with the inhibition of thinking are various speech inhibitions ranging from stuttering to insecurity in the manner of expression and in the choice of words; occasionally these speech difficulties become evident only in certain situations or in the presence of certain persons. We shall have the opportunity to discuss later and in greater detail the phenomenon of stuttering, which is not merely a speech defect, because it undoubtedly contains elements of unconscious gratification and is therefore a neurotic symptom. Since thinking, which is based on reality, is intimately connected with words, i. e., speech, we must naturally conclude that the conditions producing psychological speech difficulties are quite similar to those producing inhibitions of thinking.

We thus see that the consideration of all these types of in-

¹ Aichhorn, August: *Psychoanalytisches Verständnis und Erziehung Dissozialer In: Das psychoanalytische Volksbuch.*

² Klein, Melanie: *Zur Frühanalyse*. Imago. IX, 1923. (Trans. in Int. J. Ps-A. VII, 1926.) *Die Rolle der Schule in der libidinösen Entwicklung des Kindes*. Int. Ztschr. f. Psa. IX, 1923. (Trans. in Int. J. Ps-A. V, 1924.) *Die Rollenbildung im Kinderspiel*. Int. Ztschr. f. Psa. XV, 1929, and in other places.

³ Radó, Sándor: *Über eine besondere Äusserungsform der Kastrationsangst*. Int. Ztschr. f. Psa. V, 1919.

⁴ Tamm, Alfild: *Die angeborene Wortblindheit und verwandte Störungen bei Kindern*. Ztschr. f. psa. Päd. I. 1929. *Kurze Analysen von Schülern mit Lese- und Schreibstörungen*. Ztschr. f. psa. Päd. III. 1929.

⁵ Zulliger, Hans: *Aus dem unbewussten Seelenleben unserer Schuljugend*. Bern. 1923. *Gelöste Fesseln*. Dresden. 1926.

hibitions—when they have become chronic and rigid—leads into the field of personality development and its disorders.

The development of inhibitions is not limited to the sphere of the intellect; there are also inhibitions in the sphere of the emotions and the will. There are persons who, instead of being psychogenically stupid, are psychogenically cold, affectless, persons of pure intellect, as it were; they appear to have inhibited their rather rich and complex emotional life and overdeveloped their intellectual capacity in overcompensation. Here again we find individuals whose whole personality is closely related psychologically to the phenomena of estrangement and depersonalization; they present most stubborn resistances to psychoanalytic treatment, and they will be considered in greater detail later. There is also a real “repression” of the affective life—a sort of a sudden disappearance of all direct and warm relationships towards people and things, so to speak, “generalized frigidity”. This is found most frequently in frigid women and its psychological mechanisms are identical with those of genital frigidity. In the most extreme case of this kind which I had the opportunity to study, it was disclosed that the patient’s generalized affective frigidity was due to the effect of horror which accompanied a real incestuous experience. The same pyschological constellation, but to a lesser degree, is found in all compulsion neurotic characters; the same things, but in their most attenuated form, are represented frequently in the typical reluctance with which certain people allow themselves to experience deep feeling. This “repression” appears particularly prominent in cases of deep mourning; the mechanism of identification with the person lost, i. e., the dead person, appears to play an important rôle in those individuals’ constant attempts to repress their emotions.

The phenomena of depersonalization, also, are to some extent related to the above-mentioned reactions: they are the most intense inhibitions of particular feelings or of other intrapsychic perceptions.

In another case of generalized affective inhibition, which came under my observation, the patient's reaction was due essentially to a fixation on the primal scene. At this scene, the little boy had been in a state of extreme excitement, but had tried to suppress it and give the appearance of sleeping quietly. In his later life he would react to any intense emotional situation with quietness and somnolence.¹

If we were to undertake the task of differentiating discriminately between the various character inhibitions, we should find it enormous. The simplest criteria for differentiation are the above-mentioned circumscribed inhibitions, which correspond to definite repressions during the development of infantile sexuality and disappear when the repressions are analyzed. However, the majority of the inhibitions, due to the fact that repressive reactions tend to become generalized and affect other functions by displacement, become structurally and genetically quite intricate. Every forbidden instinctual excitation, be it a sensual, hostile or tender one, strives for expression in action, in the establishment of a contact with objects; therefore, any one of them may lead to a general inhibition of touching or of some other motor activity. The inhibitions of playing, which some children develop, represent a generalized inhibition of sexual and hostile impulses of this order; the rejection of certain whole fields of activity frequently turns out to be a generalized inhibition of masturbation; social inhibitions are usually traced back to the unconscious sexual phantasies the child built up about adult social intercourse; inhibitions of intellectual grasp represent generalized inhibitions of peeping and incestuous phantasies—for example, an inhibition of recognizing the difference between the sexes.² The sexualization of certain spheres, which becomes manifest in certain inhibited states, betrays their original archaic meaning; thus, for in-

¹ Cf. the case reported by Kulovesi: *Zur Entstehung des Tics.* Int. Ztschr. f. Psa. XV, 1929.

² Bornstein, Berta: *Zur Psychogenese der Pseudodebilität.* Int. Ztschr. f. Psa. XVI, 1930.

stance, some people feel inhibited when they have to greet people or show any other social amenity; the root of this inhibition lies in their unconscious ambivalence.¹ Any person's whole life is filled with "unpleasant", i. e., easily inhibited things, functions, or environments. Everyone, because of inhibitions, is deficient in one or the other mode of experience with which he might be endowed by nature; he fails to perceive certain experiential qualities, but under favorable conditions this latent ability may again be restored to him by means of psychoanalysis. It is difficult to say in general how many variations among human personalities could be traced to inhibitions. The problem of relieving the latter by means of psychoanalysis has not yet been properly solved. On the one hand, there are patients who, following an analysis, state that they have acquired a new sense of fulness of living; this new feeling probably appears not only because of the fact that they are relieved of the necessity of spending a great deal of energy on repressions and symptom formations, but also because those experiential qualities which were inhibited are now accessible. On the other hand, the removal of an inhibition of this sort is by no means an easy task and the older and the more ingrained a given inhibition, the more difficult it is to remove. It is possible that the psychoanalysis of children, which can act as a prophylactic agent, will, as it develops, be crowned with more success in this field than the psychoanalysis of adult neurotic individuals. In these general aspects, inhibitions coincide to a large extent with the factors responsible for neurotic character formations.

As to the psychoanalytic study of talent or personality endowment in general, one may say that it is still in its early stages; thus far, it has dealt more with the positive precondition for certain endowments rather than with the negative

¹ Freud: *Eine Beziehung zwischen einem Symbol und einem Symptom*. Ges. Schr. V. (Trans. in *Coll. Papers*, II); and Reik, Theodor: *Drei psychoanalytische Notizen*. *Imago* XII, 1926.

ones;¹ thus, for instance, it has dealt with the possibility that a greater or less proportion of so-called lack of talent is not due to an actual absence of capacity but to a special psychogenic inhibition. It seems that this is true of a great number of so-called unmusical people;² under analysis, a number of such individuals finally admitted that music was not actually a matter of indifference to them, but that it was unpleasant; this feeling of unpleasantness proved to be connected with their repressed infantile sexuality. However, we know nothing as yet of a real analytical "cure" of unmusical individuals. The suggestive educational method used more or less successfully by Jakoby³ on unmusical individuals again seems to show that being unmusical is, in some persons at least, a matter of inhibition. The same point of view applies to those who "cannot paint". It could not be otherwise, since painting depends not only upon a free outlet for the scopophilic impulses but primarily upon one's anal eroticism (smearing) — the sublimation of which is absolutely necessary for the occupation of a painter. However, it would be premature to state that, in all or in the majority of cases, the lack of special gifts is of inhibitory origin.

d. Traumatic Neuroses

It is clear that every neurosis must have a precipitating cause which releases the neurosis. This stands out particularly clearly in hysterias and anxiety neuroses, but it is true of all except those chronic neuroses which originated in childhood, persisted, and became a rigid part of the personality. Anything that activates the crucial infantile sexual conflicts may

¹ For example Hermann, Imre: *Beiträge zur Psychogenese der zeichnerischen Begabung*. *Imago* VIII. 1922. *Organlibido und Begabung*. *Int. Ztschr. f. Psa.* IX. 1923. Also, *Die Begabung im Lichte der Psychoanalyse*. *Ztschr. f. psa. Päd.* I. 1926. And *Begabtheit und Unbegabtheit*. *Ztschr. f. psa. Päd.* IV. 1930.

² Bernfeld, Siegfried: *Zur Psychologie der Unmusikalischen*. *Arch. f. d. ges. Psych.* 34, 2.

³ Jakoby, Heinrich: *Muss es Unmusikalische geben?* *Ztschr. f. psa. Päd.* I, 1926.

play the rôle of a precipitating cause; in other words, anything that stimulates or intensifies the infantile sexual impulses, such as the physiological factors of puberty or of the climacterium, disappointments in love which precipitate regressions, life situations which serve as temptations for the infantile sexual impulses—or, on the opposite side of the conflict, anything that increases the anxiety which relates to the infantile sexual impulses, such as various sources for a bad conscience, or external experiences which appear to emphasize the reality of castration or of the loss of parental love. So-called "traumatic experiences", such as accidents and the like, may naturally also serve as precipitating causes for the release of a neurotic reaction because they too serve as temptations for repressed sado-masochistic wishes; more frequently, because they are perceived either as a castration, or as a danger of losing parental love or the favor of "destiny". So far the above statement is self-evident; hence, for instance, a hysteria which differs from other hysterias only in that it was precipitated by an accident would hardly deserve to be considered separately from them, for the accident would have only the importance of a precipitating factor, while the real determining cause of the neurosis would have to be sought not in the accident, but in the domain of infantile sexual conflicts. There is no doubt that a great deal of what is described in the literature as "traumatic neuroses", actually deals with ordinary neuroses which were precipitated by an accident. This incidentally can be corroborated by the fact that there is frequently a grotesque disproportion between the comparative insignificance of the trauma and the rather severe neurosis which it is supposed to have precipitated.

Freud has pointed out that the precipitating cause—that is, the actual experience—and the causative factors—that is, constitution plus infantile experiences—are mutually complementary.¹ This means that an individual who, as a result of

¹ Freud: *Über neurotische Erkrankungstypen*. Ges. Schr. V. (Trans. in *Coll. Papers*, II); and *Vorlesungen zur Einführung in die Psychoanalyse*. Ges. Schr. VII, p. 376. (Trans. by Riviere: *Introductory Lectures*, p. 303.)

his constitution and infantile fixation, has a neurotic predisposition which he carries with him into adulthood, will meet even a minor difficulty with a reactivation of his infantile conflicts and consequently develop an illness. Everyone, of course, brings with him into adulthood, along with the remnants of his infantile sexuality, a certain neurotic potentiality. Hence an individual with less predisposition might also develop a neurosis if his life experiences happen to be sufficiently severe. We may therefore consider that there exists an uninterrupted etiological series of cases. At one end of the series we shall find cases of illness in which the actual precipitating cause is of no practical importance, and at the other, cases in which the specific precipitating cause plays a predominant rôle. What is common to all cases, however, is the fact that the illness is ultimately due to the unresolved remnants of their respective infantile conflicts.

If, then, it so happens that an accident activates one's infantile sado-masochism, or one's castration anxiety, or both, we shall recall the above-mentioned uninterrupted etiological series of neuroses which are precipitated by accidents, and we shall see that these cases are easier to diagnose than any other: the less severe or significant the accident will appear objectively, the less significant we will consider its etiological rôle; and the more upsetting the real accident the easier it will be for us to believe that the individual, who otherwise might have remained well, can develop a neurosis.

This last type deserves special consideration. Neuroses of this type appear to lend support to a theory not dissimilar to the old "shock" theory, which disregards entirely the question of infantile sexual conflicts. As will be seen later, this is not the case.

In our discussion of the origin of neurotic anxiety we followed Freud¹ and differentiated two types of situation: the "traumatic situation"—i. e., the overpowering of the psychic apparatus by the unresolved quantities of excitation—and the

¹ Freud: *Hemmung, Symptom und Angst.* Ges. Schr. XI.

"danger situation"—i. e., the prospect that a given situation might under certain circumstances become a traumatic situation. We also concluded that in a traumatic situation, anxiety arises automatically, and that the ego, facing a danger situation, gradually learns to become aware of a part of the anxiety which would ensue should the situation develop into a traumatic one, and that it perceives this anxiety as a signal of danger. The anxiety of anxiety hysteria appeared to us to be ego anxiety similar to the one found in the danger situation; the anxiety of the suckling and the anxiety found in the actual neuroses corresponds to the one met with in the traumatic situation.

We know that traumatic neurotics usually develop an enormous amount of anxiety. Their dream life seems to contradict the theory that dreams are wish fulfilments, for, in their dreams, constantly and repeatedly these individuals reproduce the most painful moments of the accident which released their neurosis; it appears as if they attempted to go back and psychologically master the as yet unmastered accident. All these facts appear to lend support to the theory which Freud outlined in *Beyond the Pleasure Principle*¹ and which he correlates with the older concepts outlined in the *Studies on Hysteria*.² According to this theory, the effect of a severe accident on the psychic apparatus is traumatic in the real sense of the word; the defense against undue stimuli (*Reizschutz*) characteristic of the psychic apparatus is overpowered and an unbridled amount of excitation overwhelms the whole psychic apparatus; this state of affairs must make itself felt subjectively as an increase in tension created by increased needs. In other words, a situation is brought about analogous to that of birth. On the basis of the above description, we must assume that the symptoms of a traumatic

¹ Freud: *Jenseits des Lustprinzips*. Ges. Schr. VI, 219 ff. (Trans. by Hubback, p. 36.)

² Breuer and Freud: *Studien über Hysterie*. Ges. Schr. I. (Trans. in part in *Coll. Papers I*; and in part by Brill: *Selected Papers on Hysteria, Nerv. and Ment. Monograph*, No. 4.)

neurosis must represent partly the id anxiety which is automatically awakened, and partly a belated attempt to master the stimuli. These theoretical assumptions are further corroborated by another fact to which Freud has called our attention; he observed that the probability of an onset of a traumatic neurosis grows in proportion to the suddenness, to the unexpectedness with which the accidental trauma takes place; that is to say, the less the psychic apparatus has time to prepare itself by the mobilization of the binding energies which are needed for proper defense, the more rapid the onset.¹ The idea that the repetitive reoccurrence of a given symptom represents a belated attempt to reestablish the mastery of stimuli, holds true in the analogous reactions in cases of tic or in the schizophrenic stereotypies.

There is no doubt that neuroses so constructed do exist, but, unfortunately, despite their great theoretical importance, they have not been adequately studied in psychoanalytic practice. Critics of psychoanalysis, however, are wrong in saying that the existence of such neuroses contradicts the Freudian theory which attaches so much importance to the unconscious and to sexuality in the formation of neuroses. For despite our limited knowledge of traumatic neuroses in the narrow sense of the word, the unconscious and sexuality prove to be of no small importance in their formation.

As has been said, the ego—carried away by the surprise of the traumatic experience—subsequently tries to reestablish its function of binding psychic energy. The question arises, how does it do it? It regards its defeat in the deepest layers of its structure in the same manner as it regards a precipitating cause of less severity, as a threat to its existence—from the subjective standpoint as a castration, or as the loss of parental love, or a sign of being abandoned by the powers of destiny. The fear of losing one's life, which in these cases has an apparent objective basis, is built up on anxieties which have

¹ Freud: *Jenseits des Lustprinzips*. Ges. Schr. VI, 198. (Trans. by Hubback: *Beyond the Pleasure Principle*, p. 9.)

no objective basis. These are the anxieties once experienced by the child which now come again to the surface, the anxieties connected with castration and loss of love. The effect of castration anxiety is particularly clear in cases of postoperative traumatic neuroses, where the operation is regarded as a castration; they occur, therefore, more frequently when the genitalia appear to be endangered, as in genito-urinary operations, than after surgical operations involving other parts of the body.¹ Pfister pointed out quite clearly² the importance of the anxiety of being deprived of love in those types of war neurosis which resembled transference neurotic reactions. The narcissistic libidinal nature of the psychic energies to which such anxiety offers opposition has been well established by the study of clinical conditions other than the traumatic neuroses. The existence of libidinal narcissism in the traumatic neuroses, is therefore, a refutation of the assertion that the traumatic and war neuroses are not of libidinal nature.³

The matter becomes more complicated by the existence in the psychic life of human beings, or at least some human beings, of a specific agency that is in alliance with the destructive and castrative trends of fate—namely, the super-ego. That is to say, the ego which is threatened by the traumatizing fate, experiences not only fear and pain; it assumes a double attitude; on the one hand it says to itself: "Fate, this successor of my parents, is castrating and abandoning me", while on the other hand it says to itself: "It serves me right, because I am guilty". Or: "I am abandoned and helpless; I, (that is, that part of me which is the super-ego) have (has) deserted myself (me)". This internalization of a conflict, which origi-

¹ Fessler, Ladislaus: *Psychogene Potenzstörungen nach urologischen Operationen.* Int. Ztschr. f. Psa. XVII. 1931.

² Pfister, Oskar: *Die verschiedenartige Psychogenität der Kriegsneurosen.* Int. Ztschr. f. Psa. V. 1919.

³ Cf. Simmel, Ernst: *Kriegsneurosen und psychisches Trauma*, 1918, and the pamphlet: *Zur Psychoanalyse der Kriegsneurosen* with contributions by Freud, Ferenczi, Abraham and Jones. (Trans. in *Psycho-Analysis and War Neuroses.* Int. Ps-A. Press.)

nally existed between the outside world and the ego and which has now become a conflict between the super-ego and the ego, makes traumatic neuroses a genuinely narcissistic affliction. Since the accident is regarded as a punishment, it is clear that the crime thus punished must in the final analysis be the oedipal crime. Without this guilt from the oedipus complex, traumatic neuroses would not exist; at any rate, they would not exist in their present clinical form.

As we said above, some of the symptoms of the traumatic neuroses represent the breaking down of the protective apparatus regulating stimuli and an overflowing of the psychic apparatus with quantities of excitations which have not been taken care of; other symptoms express the reaction of the ego to this state of affairs. However, what is most characteristic in the reaction of the ego to the trauma is that the associative connections are immediately established between the trauma and the infantile conflicts, which become activated, and the old infantile threats and emotions suddenly reacquire a serious character. Thus, for instance, Staudacher studied a war neurosis precipitated by the explosion of a hand grenade, and found that the patient's reaction was determined in all its details by a childhood experience which took place at the age of three.¹ To summarize we may repeat: the trauma, in the eyes of the ego, is fate—i. e., the father who threatens castration or the withdrawal of his approbation; it is the introjected father, the super-ego; the conflict becomes a purely narcissistic one, and the ego feels itself abandoned by all outer and inner protective forces.

In his discussion of the war neuroses, Freud called our attention to the fact that the intrapsychic representative of fate consists not only of the super-ego which is acquired in childhood; it is also made up of various identifications with various other agencies formed within the psychic apparatus; in other words, with all those formations of ideals which

¹ Staudacher, C.: *Heilung eines Falles von Kriegsneurose*. Int. Ztschr. f. Psa. XIV. 1928.

develop later and which might find themselves in a state of conflict with the super-ego (in the narrower sense) which is related to the oedipus complex. Unfortunately these relationships have not yet been sufficiently studied. Freud spoke of these formations as "the parasitic doubles of the super-ego" which at certain times usurp the power of the super-ego.¹ Radó has demonstrated that the intrapsychic representation of the hypnotist's commands can be considered as a parasitic super-ego.² Freud also stated that the "war super-ego" is a double of this sort and offers a contrast to the more permanent super-ego proper; this "war super-ego" not only permits the expression of impulses otherwise forbidden—it even makes totally new demands under the guise of "bravery" etc., which are terrifying to the ego, because its super-ego never permitted such impulses to be brought into action. According to Freud, one finds in many war neuroses that a "peace-ego" rises in defense of the above-mentioned threat of the ego.

Thus, the manifestations of traumatic neuroses are clinically made up of a combination of four elements; from case to case one or the other of the following four factors will occur in varying relative degree:

1. Manifestations of conversion hysteria.
2. The traumatic element proper, the breaking down of the protective apparatus against stimuli and the attempt to build it up again.
3. Manifestations of reactivated anxiety, which is a fear of the parents because of infantile transgression, and the defense against this anxiety.
4. Manifestations of "ego conflicts", i. e., of the narcissistic tension between ego and super-ego, or parasitic super-ego.

To the second category belongs the repetitive compulsion, which is so characteristic of traumatic neuroses and which

¹ Freud: *Einleitung zu "Zur Psychoanalyse der Kriegsneurosen."* Ges. Schr. XI, 254. (Trans. in *Ps-A. and War Neuroses*, 3.)

² Radó, Sándor: *Das ökonomische Prinzip der Technik.* Int. Ztschr. f. Ps. XII. 1926. (Trans. in *Int. J. Ps-A.* VI, 1925.)

forces the individual, time and again, in dreams and in life to relive the circumstances of the traumatic accident. The anxiety so frequently met with in traumatic neuroses may, depending upon its origin, belong to the first or second category. The anxiety of the first category may be of the same nature as that of anxiety hysteria—an ego signal of danger. The anxiety of the second category is, as we have seen, analogous to the anxiety of birth—an id anxiety. In cases belonging to the fourth of the above-mentioned groups, the anxiety corresponds to what Freud described as death anxiety—a fear experienced by the ego lest the super-ego abandon it.¹ We shall return to the consideration of this anxiety when studying the depressions; it appears to be of fundamental importance in the psychology of suicide.²

As to secondary gains which have nothing to do with the origin of the neurosis, but which, later, may become of utmost practical importance, these play in traumatic neuroses the same rôle as in hysterias (compensation cases, for instance). One must pay attention to these secondary gains not only because they give insight into motives for unconscious resistances, but also for the following important reason: the traumatic neuroses, which occupy a place at the extreme end of our uninterrupted etiological series, and the hysterias which are precipitated by a minor accident, lead some individuals to set the accident into the foreground of the clinical picture and so regard it as the real cause of their illness; in this manner they put into the background the psychic conflicts which they had repressed. A brief consideration of this fact, as well as experience, tells us that obtaining a compensation, or fighting for one, creates a poor atmosphere for psychoanalytic treatment. Yet, whoever has a psychoanalytical understanding of

¹ Freud: *Das Ich und das Es.* Ges. Schr. VI, 404. (Trans. by Riviere, p. 86.)

² Attention is called to the case of organ neurosis cited on p. 340 ff., this QUARTERLY. We saw there the symbolic equation: heart=super-ego=introjected father. His fear of death expressed in the attacks of *Pseudo angina pectoris* was the fear of being abandoned by his super-ego.

the neurotic process will have a different view of the problem of compensation than the customary one.

In conclusion, we may discuss briefly the question, how much of the old trauma theory still remains valid and to what extent one can look upon all hysterias as traumatic reactions. One can say that this theory remains valid only in so far as we deal with the repression of definite traumatic events. On the other hand, we know that such situations are repressed not for their own sake, and that the concepts oedipus complex, castration complex, etc. do not indicate a wish which occurred only once, at a certain given moment as a single wish, or as a single threat, and—which must only be detected to lead to an instantaneous cure. Indeed, if we were to include in the concept "trauma", the whole childhood of the individual, and sometimes his latency period and puberty, then every hysteria would be a traumatic one. But this contradicts the usual meaning given the concept of trauma.

A word or two about the psychoanalytic therapy of traumatic neuroses. In so far as they present hysterical or hysteriform reactions, they are as amenable to psychoanalysis as hysterias. However, the more inclined we are to limit the concept "traumatic neurosis" to the reactions belonging to the other end of our etiological series, the less certain the prognosis. Unfortunately, the literature on the subject is still very small, and we are unable to express a definite opinion. If the excitation released by the trauma can subsequently be re-bound, the individual will after a time recover spontaneously. As to the other types of traumatic neuroses, the greater the relative participation of infantile object relationships in the neurosis, the more hopeful might be the outcome of a psychoanalysis. The greater the narcissistic admixture, the less favorable it will be.

For practical, as well as theoretical, reasons it is to be desired that more cases of this group be treated by psychoanalysis.

CHAPTER IV

COMPULSION NEUROSIS

It would seem at first glance that the compulsion neurosis offers a more fruitful field for psychoanalytic study than does hysteria, for since its symptoms and peculiarities are entirely within the mental realm, a purely psychological method should easily elucidate their origin and nature; moreover, conversion, this obscure phenomenon which leads us into undesirable complexities of a somatic order in the case of hysteria, is not a part of the compulsion neurosis.

Nevertheless it is much more difficult to gain insight into the compulsion neurosis. Its structure is more complex, and the path from the causative conflict to the symptoms is more devious than in hysteria. Our understanding of the compulsion neurosis is still in a stage comparable to that of an uncompleted analysis, which Freud¹ once likened to a picture puzzle. Several features of the compulsion neurosis, of greater or less complexity, have been formulated systematically and intelligibly, but the relationship of these various features to the totality of the neurotic picture remains in many respects obscure; as Freud has said, the problem of compulsion neurosis is as yet unsolved and as such it remains unconquered.²

We can best approach the systematic presentation of the compulsion neurosis if we choose the symptom itself as our first subject for study, particularly because it can be so readily isolated for purposes of discussion. Certain characteristics of the symptom are familiar to us from our study of hysteria, and help us in our preliminary orientation. It will repay us, therefore, to review those features which hysterical and compulsive symptoms have in common—and incidentally note wherein they differ.

The first and most important feature to be mentioned is

¹ Freud: *Zur Ätiologie der Hysterie*. Ges. Schr. I, 420. (Trans. in *Coll. Papers I*, 200.)

² Freud: *Hemmung, Symptom und Angst*. Ges. Schr. XI, 52.

the fact that the compulsive symptom, like the hysterical symptom, originates in an instinctual conflict. If one observes a good many compulsive symptoms, bearing this idea in mind, even without carrying out a deep analysis, one will readily convince one's self of the validity of this statement. Much of the symptom known as "obsessive doubt" can be covered by the formula, expressed in the language of the child, "May I be naughty, or must I be good?"—that is to say, the patient vacillates between his instinctual urges and the forces which oppose them. In so far as their meaning is readily legible, the individual symptoms are seen to be—like hysterical symptoms—either distorted expressions of instinctual gratification, or demonstrations of the effectiveness of the forces of repression, in which case they are self-punitive or expiatory in nature.

As examples of the first type of symptom, we may mention compulsions such as knocking, muscular movements, and the like, which when subjected to psychoanalytic study are found to be equivalents of masturbation. The patient himself does not know the meaning of these symptoms; as in the case of conversion we have here a reappearance of repressed trends. We can, however, at this point indicate a difference which may obtain between hysteria and the compulsion neurosis. It may so happen that an individual with a compulsion neurosis is aware of the verbal text of the repressed tendency which had at one time been discharged in masturbation. Indeed, in the phenomenon of compulsive masturbation the sexual nature of the symptom is immediately evident—but there may also appear in consciousness the specific ideas which correspond to the instinctual trend, or many ideas which on analysis are found to be the actual ideational content of the masturbation phantasies.

Obsessive impulses to kill, direct expressions of infantile murderous impulses, are very common. They appear, it is true, stripped of their appropriate emotional quality, and are frequently perceived not as genuine impulses but as pure intellectual content—obviously a result of distortion. Never-

theless, as Freud pointed out, such intellectual content devoid of affect, which patients say "leaves them cold", from a practical standpoint does not leave them cold at all.¹ Again in contrast to hysteria, those memories of childhood or of later years which link the symptom with the true pathogenetic instinctual tendencies, may be wholly conscious. According to the old, purely descriptive, formula: in hysteria it is the pathogenic event that remains repressed, while in the compulsion neurosis it is the relation of the event to the symptom which is repressed. Hence, an adequate theory of the compulsion neurosis must be able to explain this essential difference in the field of consciousness which obtains in hysteria as compared with that in the compulsion neurosis. This difference indicates that in these two clinical conditions the ego protects itself against unpleasant instinctual urges by different methods of defense.

We may take the compulsion to wash as an example of the second—punitive or expiatory—type of compulsive symptom. The compulsion to wash, from the point of view of instinctual development, originates in the infantile pleasure in being dirty. But whoever washes continually is sure of never being dirty; the symptom thus appears to be a defense against the obnoxious impulse and an overcompensation. The same mechanisms which we found operating in hysteria produce the distortions found in the compulsion neurosis, although the one called "displacement on to trifles" seems to play a particularly prominent part in the compulsion neurosis. Characteristically, the symptoms of compulsion neurotic individuals, such as hair-splitting rumination, doubt, and the like, tend to revolve about apparently banal and unimportant things. This fundamental trait is one of the most striking and extraordinary features of the neurosis. The "trifle" by which the person is obsessed (like a screen memory) is the end result of a series of displacements, the distorted representative of a very important factor with which it is associatively connected. The dif-

¹ Freud: *Hemmung, Symptom und Angst.* Ges. Schr. XI, 57.

ference between hysteria and compulsion neurosis becomes evident at once when we study the nature of the expiatory symptoms. An hysterical symptom, as has been stated, represents frequently not merely a discharge of the emerging repressed tendencies, for, because of its punitive significance, it may also satisfy the demands of the repressing forces. Yet its expiatory significance is in a way accidental. In the compulsion neurosis, the situation is apparently different: protective, expiatory and self-punitive symptoms seem, on first consideration, to occur at least as frequently as symptoms which furnish instinctual gratification. Analysis of the genetic development of the compulsion neurosis brings the conviction that a symptom at first serves predominantly the purpose of defense, but that later as the neurosis progresses the aspect of gratification gradually begins to play a dominant rôle. Hence we may state that the second point which serves to differentiate hysteria from the compulsion neurosis is the relative prominence of the defensive aspects of the symptomatology of compulsion neuroses.

Yet another new and characteristic tendency met with in the compulsion neurosis is that of "atonement". The symptoms are intended to make amends for something, or ease the patient's conscience. It no longer appears as if the patient feared that in satisfying his offensive instinctual urges he might incur the revenge of the outer world: the entire process seems to be much more internal. The dreaded avenger is no longer supposed to be in the environment but in the individual's own psyche. The patient's whole personality appears to be split into two parts, one part being a child who wishes to be bad but at the same time to mollify a severe upbringer by means of atonements, and the other part being the severe upbringer who is threatening to punish the child. In other words, the thing dreaded is not an external perception as in the case of phobia—instead, it is an internal process. Accordingly, we find that whereas the phobic individual is afraid of some danger which threatens his own person, the compulsion neurotic indi-

vidual often is afraid that some external object is threatened by a danger emanating from the patient himself. This "internalization", that is to say, the incomparably greater participation of the super-ego in the mechanisms and symptomatology of the compulsion neurosis, is the third important feature which distinguishes it from hysteria. It might also be recalled, that when a hysterical symptom presents a definite defensive element, the most prominent feature of this symptom is the fact that the defensive measure and the unconscious gratification are expressed simultaneously. This, as we shall learn, may also be true of the obsessional symptom. But in addition, we shall find that there are biphasic, "double barrelled", symptoms, i. e., compulsive acts which are mutually opposed and which the patient carries out, one immediately following the other, the second act annulling the value of the first. It is possible to demonstrate by means of psychoanalysis that one of these two acts serves the purpose of gratification and the other the purpose of defense. Thus, for example, the "Rat man" was forced to remove a stone which he found in the road, and then put it back in its original place.¹

During his mother's illness, a patient compulsively prayed for her return to health; following the prayer he gently slapped his mouth. The latter compulsion had the unconscious intention of annulling the effect of what he had prayed.

The occurrence of biphasic symptoms appears to be the fourth characteristic differentiating hysteria from the compulsion neurosis.

If we examine more closely the instinctual conflicts which underlie the neurosis, we are impressed, as in the case of hysteria, with the "historical" quality of the symptoms. We could say of the individuals with compulsion neuroses, no less truly than of the hysterics, that they suffer from "reminiscences". We may cite, as an example, the classical instance reported by Freud, i. e., the compulsion involving the red

¹ Freud: *Bemerkungen über einen Fall von Zwangsneurose*. Ges. Schr. VIII, 300. (Trans. in *Coll. Papers* III, 328.)

ink,¹ which could never have been understood without a knowledge of the underlying "traumatic" memory of the wedding night. In order to understand fully many compulsive symptoms, one must establish at what particular time the particular compulsion first made its appearance, and one can find the explanation for compulsive behavior only in the light of the historical details and the setting of the time when it began.

Before going to bed, one of my patients was compelled to spend a long time repeatedly opening and shutting the window. In his analysis it was discovered that this symptom first appeared when, as an adolescent, he and his room-mate would fight as to whether the window should be open or closed. His later adult compulsion meant: which of us will win? which of us is the stronger? With this formula as a starting point, it was possible to penetrate more deeply into the patient's unconscious, and it became clear that his problem, which was animated by the homosexual temptation involved in sharing the same room with his friend during puberty, was, whether he should compete with men as a man, or resign himself to complying with their wishes in a passive, submissive, feminine way—and this proved to be the conflict in which his compulsion neurosis was rooted.

As in the case of hysteria, it becomes clear during an analysis that infantile sexuality is the constant historical basis for the neurosis: indeed, due to the difference in the scope of awareness it is often more easily and more rapidly brought to light in a compulsion neurosis than in a hysteria. And, at least in a number of instances, the ideational content, too, seems to be the same. The oedipus complex and its modes of operation is often observed, even on cursory examination, more clearly and crudely than in hysteria.

A patient (unfortunately not analyzed) complained of two types of obsessive impulses: when he saw a woman he was compelled to think, "I could kill this woman!"; and when he saw certain tools, such as knives, hammers and the like he had to think, "I could cut off [chop off, knock off, etc.] my penis with this tool". By means of the question and answer method, it was learned that the first of these two impulses had originally been expressed in the form, "I could kill my mother", and that its extension to cover other women was already a distortion by means of a generalization. It was also learned that the patient lived an ascetic life and that his sole sexual outlet consisted in dreams accom-

¹ Freud: *Vorlesungen. Ges. Schr. VII, 269 ff.* (Trans. by Riviere, *Introductory Lectures, 222.*)

panied by seminal emissions in which he saw himself strangling women or killing them by some other method. This hardly leaves any doubt that his impulse to murder women was merely a distorted expression of his sexual desire. Eliminating the distortion, we can say that the patient suffered from two impulses—to violate his mother, and to chop off his own penis. This is an example of a biphasic symptom, the first half of which represents a gratification of the cephalic wish, while the second half represents the punishment which the patient appropriately dreaded, namely, castration.

Yet it is not always easy to demonstrate this similarity between hysteria and the compulsion neurosis. The example just given shows us in what manner the incestuous wishes may be distorted. How does it happen that a patient says "kill mother", when he actually means "have sexual intercourse with mother"? The patient's sexual dreams were evidently sadistic in nature. In his obsession the same sadistic attitude appears to defeat the defensive tendencies. In respect to the ideational content, then, we are dealing not only with an infantile attachment to the mother, but specifically with a sadistic form of this attachment. Overt or concealed tendencies to cruelty, or reaction formations against them, are constant findings in all compulsion neuroses. With equal constancy we find anal erotic impulses and the defenses against them, in the most varied forms. This constant association of traits of cruelty and anal eroticism in the compulsion neurosis, to which Jones¹ particularly drew our attention, was the first fact that convinced Freud² of the close relationship of these two types of phenomena, or of the existence of an "anal sadistic" stage of libido organization. Thus the anal sadistic quality of the infantile sexual impulses against which the individual defends himself, or which break through, is still another feature which distinguishes the compulsion neurosis from hysteria. Once we become aware of the anal sadistic instinctual orientation of the compulsion neurotic patient, we can, as a rule, easily recog-

¹ Jones, Ernest: *Hass und Analerotik in der Zwangsneurose*. Int. Ztschr. f. Psa. I, 1913. (In English in *Papers on Psycho-Analysis*. New York: Wood & Co.)

² Freud: *Die Disposition zur Zwangsneurose*. Ges. Schr. V. (Trans. in *Coll. Papers II.*)

nize it in the clinical picture in one form or another, even without subjecting the patient to any deeper analysis. In many cases, we can see it only in the patient's excessive emphasis of the defense—like overcompensatory kindness, exaggerated sense of justice, orderliness and cleanliness, incapacity for any, even necessary, aggression, punctiliousness in all matters relating to money, and so on. More frequently we find a mixture of traits of the order just mentioned with completely opposite direct anal or sadistic activities or traits of character, which makes the patients' behavior as a whole appear somewhat irrationally self-contradictory. They are orderly yet disorderly, neat yet dirty, kind yet cruel at the same time. (We can refer in this connection to descriptions of the anal character given by Freud,¹ Jones,² and Abraham.³) Occasionally the instinctual source of such manifestations is too patent to be overlooked. It is not unusual for a compulsion neurotic patient, whose compulsions, expressions, and conduct betoken this particular type of character, to state in the first interview that sexual intercourse is for him a secondary matter, and then use anal obscene words and burst into gay laughter and complain of obsessive impulses to kill. Again, when complicated rituals are consciously utilized to prevent soiling by real or imaginary dirt, the purpose of such compulsions—defense against the pleasure of being dirty—becomes evident even without analysis. For this reason, Freud was able to say that the instinctual organization of the compulsion neurotic individual resembles that of the child before it has attained the level of genital supremacy, i. e., when the anal and sadistic impulses were also accentuated.⁴

¹ Freud: *Charakter u. Analerotik.* Ges. Schr. V; *Über Triebumsetzungen, insbesondere der Analerotik.* Ges. Schr. V. (Both trans. in *Coll. Papers II.*)

² Jones, Ernest: *Anal-Erotic Character Traits*, in *Papers on Ps-A.*, 3 ed. (In German, Int. Ztschr. f. Psa. V, 1919.)

³ Abraham, Karl: *Psychoanalytische Studien zur Charakterbildung.* Int. Psa. Verlag, 1925. (Trans. in *Selected Papers.*)

⁴ Freud: *Die Disposition zur Zwangsneurose.* Ges. Schr. V, 281 ff. (Trans. in *Coll. Papers II.*, 127.)

This comparison with the child in the pregenital period seems to contradict the earlier observations according to which compulsion neuroses, or perhaps only some compulsion neuroses, are engaged in a defense against the oedipus complex, for we place the height of the oedipus complex in the child's phallic period. Another apparent contradiction lies in the fact, that in spite of the anal sadism, many compulsions stand in very close relationship to infantile genital masturbation; they may represent either defenses against it, or represent its persistence in spite of the defenses. This relation to masturbation seems much more typical than the occasional connection which, as we have shown, may occur in hysteria. Indeed we must recognize that the relationship between symptom and masturbation is another point of differentiation between the two neuroses, and an analysis of this relationship and of the predominance of anal sadism will have to solve the apparent paradox of the simultaneous presence of the pregenital and the genital characteristics of compulsive neuroses.

Finally we must lay stress on two other differences between the two neuroses, which have been mentioned already. The first of these is the difference in respect to the amnesia. As has been said: in hysteria it is memories that are repressed, while in the compulsion neurosis it is the relation of the memories to the symptom. This, like the "biphasic symptom", raises the question whether the methods employed by the ego of the compulsion neurotic against offensive instinctual urges are not entirely different than those utilized by the hysterick, and whether besides repression we must not recognize other, new methods of defense.

We also mentioned that in the compulsion neurosis the anal sadistic instinctual urges are offset by reaction formations, which become integrally embedded in the individual's personality. Among hysterics we may find a similar manifestation of anti-cathexis. A hysterical woman who unconsciously hates her child may become overdevoted to him. But in the latter case, the devotion remains limited to one object, and not infre-

quently it is only a temporary one. The compulsion neurotic, on the other hand, tends to be a gentle person in all relationships—that is, his reaction formation becomes a fixed character trait. One may immediately voice the suspicion that this fact stands in relation to the greater “internalization” which marks the compulsion neurotic individual, or in other words, to the greater importance of the super-ego. However—and this takes us away from our discussion of the symptom as such—the appearance of reactive character traits is not the only way in which the character of the compulsion neurotic is modified by his illness. There are also character traits, which have already been mentioned, that go directly to make up part of the clinical picture, such as the tendencies to doubt and to ruminate. Besides these, there is a specific alteration in the formal aspect of thinking, or intellectual activity, which we shall later have occasion to describe. The most incisive logic dwells apparently in complete harmony with an irrational magical illogicality. All thinking takes on a spiteful, stubborn quality, and becomes permeated by remarkable superstitions in which the patient has no faith, yet to which he clings. A feature, which is related to this type of thinking, and which is very detrimental to the analytical procedure, is the difficulty experienced by the patient in attempting to associate freely—a difficulty foreign to the hysterical patient. The compulsion neurotic patient cannot “let himself go”, cannot speak without questioning and without system, he cannot say anything without knowing in advance where it will lead.

The compulsion neurosis, then, resembles hysteria in that it represents a futile attempt to solve a conflict between an unbridled or reanimated instinctual urge and the defenses which the ego raises against it. It differs from hysteria in a number of points: in the awareness of the many offensive instinctual impulses; in the dominance of defensive symptoms over symptoms which bring gratification; in the greater degree of “internalization”; in the prominent part played by the super-ego; in the occurrence of biphasic symptoms; in the great

participation of anal sadistic impulses on the one hand, and of genital masturbation on the other. The introduction of new methods of defense on the part of the ego and the specific changes in character determine the specific peculiarities of the compulsion neurosis. We have, as has been said, no assured unambiguous theory which would account for all these facts. We shall, therefore, endeavor in the pages which follow to bring together the various statements of Freud, and incidentally demonstrate how nearly they fulfil the requirements for the formulation of such a theory.

The conception of "regression" is the corner-stone of any theory of the compulsion neurosis. In the first of Freud's papers dealing with this neurosis, before he formulated the concept of the anal sadistic level of libido organization, Freud used this term in a somewhat different sense than it is used today. He wrote of "thoughts which are the regressive representatives of actions".¹ He had in mind the compulsion neurotic who inflicts severe expiatory punishments upon himself and circumscribes his activity because of his unconscious murderous impulses, and therefore acts as though he were really a murderer. Analysis proves that many compulsions are devices for protecting the safety of persons whose death the patient unconsciously wishes. The patient behaves as if he actually believed that his mere wish could really kill. Thus one could say that the compulsion neurotic patient overestimates his thoughts, or as one of Freud's patients put it, he believes in the "omnipotence of thought".² This belief and the narcissism which produces it, are, as we know, integral parts of the cosmogony of magic, and the influence of the latter can be seen in the remarkable superstitions of the compulsion neurotic (such as compulsive oracles, compulsive sacrifices and the like) of which we spoke before. It appears as if the compulsion neurotic patient had revived and put into use a primi-

¹ Freud: *Bemerkungen über einen Fall von Zwangsneurose*. Ges. Schr. VIII, 347 ff. (Trans. in Coll. Papers III, 379.)

² Freud: *ibid.*, 338. (Trans., p. 369.)

tive mode of thinking. One might then speak of a regression in the sense of a recrudescence of older forms of thinking, which had not yet recognized the distinction between thoughts and the actions represented by them. It is noteworthy that this regression to narcissism of the compulsion neurotic patient is only partial: it is not he, but something in him, which believes in the oracle whose bidding he is forced to heed—he himself realizes that this is nonsense. We shall return later to this remarkable splitting in the personality of the compulsion neurotic.

However, from the standpoint of the libido theory, "regression" has a different meaning. In the case of the hysterical patient, we assumed that the repressed idea disappears from consciousness—yet the very fact that he has a neurosis leads us to believe that it remains unaltered in his unconscious and that it continues to exert its influence there. In so far as we find the oedipus complex in the compulsive patient's unconscious, we may say that the same is true in compulsion neuroses. But, if in addition to the oedipus complex we find that the struggle is intensified by pregenital impulses which must have originated in the period preceding the oedipus complex, we cannot avoid the impression that these pregenital impulses grew at the expense of the oedipal impulses, and that the phallic, oedipal impulses proper became attenuated as the pregenital anal sadistic impulses became intensified. We might suppose that the patient, in attempting to ward off his oedipus complex, fell back in part upon the older anal sadistic impulses. But since these too were unacceptable, or because in regressing to them the offensive element belonging to the oedipus complex was not eliminated, he had to continue a defensive fight against the anal sadistic impulses—which then serve as the origin of the compulsion neurosis. If we consider a "regression" of this type from the standpoint of the ego, we could regard it as a type of defense comparable to repression. This would account for the complexity of the compulsion neurosis, in contrast to hysteria, for regression intervenes and compli-

cates the path between the oedipus complex and the formation of the symptom. This assumption must now be tested by observation and experience. If it is confirmed we find ourselves at once confronted by a second problem—namely, what circumstances determine that the defense shall, or shall not, be along the path of regression; that is, what is it that leads one to a compulsion neurosis and the other to an hysteria.

The first problem is readily answered. The occurrence of regression in the compulsion neurosis is more than verified by experience—for it was analytic experience alone, and not speculation, which gave rise to the idea. This concept explains the numerous cases in which elements of the phallic oedipus complex (residuals) occur side by side with elements of the pre-genital anal sadistic level of organization. Another interpretation might possibly fit those cases in which anal sadistic material apparently predominates to the exclusion of all other types. It is possible theoretically that, in those cases, there was besides regression a disturbance in development, that is to say: the ego had already begun to adopt protective measures at the time of the original anal sadistic level of libido organization, so that the patient never reached the phallic oedipus complex, and the latter, therefore, would not take part in the pathogenesis of the neurosis. We shall see later that our clinical experience with typical compulsion neuroses excludes the latter possibility.

One type of "regression to the pregenital" was seen to occur in hysteria. In answering the question, why symptoms with a genital meaning were localized at the oral zone in many hysterics, we stated that a pregenital fixation on the mouth might be the decisive factor, but we emphasized the point that the regressive influence only determined the choice of the location, and that all other attributes of the genital level were retained. In the case of the compulsion neurosis, the situation is different. In the *true* regression which occurs in this neurosis, the offensive genital oedipal impulses are really, even if incompletely, set aside and replaced by the pregenital wishes in their entirety, with all those properties which appertain to them—

ambivalence, bisexuality, sadistic conception of sexuality, and the rest.

The presence of residual genital oedipus impulses among the predominant anal sadistic ones would not by itself be a proof that regression had occurred. The real proof comes from the analysis of typical compulsion neuroses, which can demonstrate that there a phallic oedipal period actually preceded the fateful anal sadistic regression. This has been completely proved only in a few cases—in which the proof is extremely convincing—but incomplete evidence of the same thing is found in all cases. Occasionally one is able to detect both the regression and the subsequent occurrence of a compulsion neurosis, in *statu nascendi*.

A boy, still in the period of sexual latency, was seized by an overpowering anxiety whenever he had an erection of the penis. He stated that he was afraid that he might injure the organ. In order to escape the anxiety, he developed the habit of masturbating whenever he had an erection, in order to get rid of the erection. Following this, the anxiety reappeared, but he developed certain conversion symptoms such as a frequent urge to urinate, and later to defecate. It was only after he had reached this stage that he developed rather quickly an extensive compulsion neurosis. It is evident here that the genital impulses at first insistently asserted themselves in spite of the menacing fear of castration, and that they were then replaced by pregenital strivings in the form of conversion symptoms. Only after the regression to anal eroticism had been effected did the compulsion neurosis make its appearance.

It is an ever-recurrent source of surprise to find that after one has analytically uncovered a whole world of anal sadistic events dating back to the earliest years of childhood—which gives the analyst the feeling of having plumbed the deepest levels of the unconscious—there suddenly appear completely repressed memories of an earlier period—a period purely phallic in organization, which had been shattered by castration anxiety. It is therefore important not to be misled into thinking that the first memories referring to anal sadistic impulses which appear during analysis are the expression of the original anal sadistic organization. They are not original, but regressive, in nature. They came after the phallic oedipus complex, and the even earlier original pregenital organization.

More often the phallic oedipus situation of the compulsion neurotic's childhood can be seen not in its totality but through some single trait—some individual symptom which permits an inference as to its evolution as a whole. For example, a girl suffered from the fear that a snake might emerge from the water closet and crawl into her anus. When the fear first appeared, she had feared that the snake might be in bed with her. So it was only after she had instituted a regression to protect herself from the oedipal wish that the locus of the fear was changed from the bed to the closet.

An indirect but almost experimental proof that regression is a factor in the etiology of the compulsion neurosis, is furnished by those rare cases in which a hysterical picture is altered by a relinquishment of genitality and becomes replaced by a compulsion neurosis. Freud observed this process as it took place in a woman, who, owing to certain external circumstances, ceased to place any value on her genital sexual life.¹ It can be more frequently observed after the climacterium, when organic factors have forcibly produced the regression. A special characteristic of how regression operates may be seen when it fails in its defensive purpose. We see then that the shift of the instinctual center of gravity to the anal field did not enable the patient to avoid castration anxiety: he develops what might be called "anal castration anxiety". Among the numerous examples which have been given as manifestations of this anxiety, we might mention the very characteristic conversion symptom, not infrequently found among the obsessive ones, of being able to defæcate small or unformed masses only. The material treated by Freud in his discussion of the symbolic equation, faeces = penis, owes its origin in part to this regression.²

Some of the typical fears relating to the water closet, which are observed in children and in compulsion neurotics, such as a fear of falling in, of being eaten up by some monster coming from the closet, or in later life the rationalized fear of being infected there, as a rule prove on analysis to refer to the genital. They are regressive distortions of a fear of castration, or—to include the female sex and put it more generally—a fear of injuring the genital. It is probably true that the fear of having the genital injured does not appear during the same period of development in the two sexes. In boys, it is certainly the influence which threatens the oedipus complex, after it has formed. In girls, it may be the circumstance which gives rise to the oedipus complex.³ At any rate, "anal" anxieties are without doubt similar to "oral" ones: the anal anxiety is, practically speaking, usually a distorted representative of genital anxiety, to be sure, but it is regressive, and remobilizes an old pregenital

¹ Freud: *Die Disposition zur Zwangsnurose.* Ges. Schr. V. (Trans. in *Coll. Papers II.*)

² Freud: *Über Triebumsetzungen, insbesondere der Analerotik.* Ges. Schr. V. (Trans. in *Coll. Papers II.*)

³ Freud: *Einige psychische Folgen des anatomischen Geschlechtsunterschiedes.* Ges. Schr. XI, 13 ff. (Trans. in *Int. J. Ps-A. VIII.*)

autonomous anxiety relating to the loss of faeces. It is very difficult in any given analysis to determine which fraction of an anal anxiety is not regressive in nature but represents a vestige of purely pregenital anxiety which may have contributed a certain quality to the castration fear right at the beginning while the fear of castration was in the process of formation. (It is well known that the pregenital experiences of parting with the breast and with the faecal mass are archaic forerunners of the idea of castration.¹⁾ A child, who had many fears which could be traced back to a terror of having the faecal masses he had expelled disappear in the water closet, expressed the fear that his penis might disappear in the same manner, as a punishment for oedipal wishes. In another case, I had the impression that certain anal events first gave the patient, a girl, the idea of castration, and that all of her oedipus complex was colored from the beginning by these fixating anal experiences.²⁾

Clinical material, in which ideas and modes of behavior appropriate to the genital level of libidinal organization are to be found intermingled with those belonging to its anal sadistic precursor, is abundantly present in any compulsion neurotic. As we stated above, it is not always easy to determine to what extent such a mixture is the result of a pathogenic regression and to what extent, because of an anal sadistic fixation, the oedipus complex and the phallic stage were endowed from the very beginning with pregenital qualities.³⁾ This material, therefore, does not of itself prove that a regression took place. I have in mind certain compulsion neurotics and persons with a similar character, who perceive genital life in "anal" terms, as if it were an affair of the water closet, and other persons in whom this anal perception of the genital life is more "sublimated"—that is, who regard sex as a financial matter (for example, in prostitution fantasies of both sexes) or a matter of property. The "anal" nature of a genital activity is sometimes clear only to the analyst: for example, a man may lay great stress on retaining his semen as long as possible, some-

¹⁾ Alexander, Franz: *Kastrationskomplex u. Charakter.* Int. Ztschr. f. Psa. VIII, 1922. (Trans. in Int. J. Ps-A. IV.) Stärcke, August: *Der Kastrationskomplex.* Int. Ztschr. f. Psa. VII, 1921. (Trans. in Int. J. Ps-A. II.)

²⁾ Fenichel, Otto: *Zur prägenitalen Vorgeschichte d. Ödipuskomplexes.* Int. Z. f. Psa. XVI, 1930. (Trans. in Int. J. Ps-A. XII.)

³⁾ In the article referred to in the previous footnote, I attempted to differentiate the material of some suitable cases in accordance with these ideas.

times with the idea of increasing the fore-pleasure provided by the tension—which he learned from his experience with defæcation—and sometimes with ideas of “conserving” the semen.

The unconscious equating of ejaculation and defæcation, which characterizes these cases, was clearly demonstrated in the case of a man who would wander about the streets of the red light district and then go home to masturbate. His analysis showed that the fore-pleasure obtained from “looking” stood for eating; and the end-pleasure derived from masturbation, for its sequel, an emptying of the bowels.

It is not always easy to show, in individual cases of compulsion neurosis, that castration anxiety is the motive for the whole process of regression. Because of the peculiar nature of the neurosis, the ideas relating to castration are by no means always unconscious, but the emotional content which is related to these ideas is frequently the most difficult thing in the whole analysis to bring out and make conscious. Sometimes this is the point of the greatest resistance to be encountered in the analysis of a compulsion neurosis.

The immediate effect of regression is twofold: the enhanced sadism combines with the hostility felt for the parents of the same sex springing from the oedipus complex, and imposes new defensive tasks on the ego; and the emergent anal eroticism diverts the individual from an active phallic attitude to a passive anal one. Vacillation between the feminine attitude, that is intensified by the anal regression, and the original masculine attitude, now reënforced and exaggerated by the sadistic infusion, forms the content, as we shall learn later, of one of the typical conflicts in the unconscious of the compulsion neurotic.

In typical cases, the process takes the following course: An active phallic oedipal attitude is inhibited by the idea that gratification would mean the loss of the penis. The regression imposes a feminine attitude. All (active) sexual gratification is so cemented with fearful ideas of being castrated that finally the one becomes inconceivable without the other, and the sexual instinct is faced with the necessity of consenting and

making of castration an instinctual aim. An attitude of this sort does not release the individual from the fear of being castrated; it permits the fear of castration and the longing to be castrated to persist side by side. The patient now unconsciously seeks castration but somewhat in the spirit of children who want to feel pleasurabley frightened by blood-curdling stories. Accordingly, the wishes, phantasies and activities have something playful or make-believe about them, and their aim need not be real castration but a "substitutive castration formation". Frequently after the patient has carried out some game or activity that symbolizes castration, he goes through a ritual which stands for its "undoing" or cancellation. The activities which stand for a symbolic castration must not exceed a certain limit of intensity, or the pleasure would turn into anxiety. It must be borne in mind that there are passive feminine drives in men, which should not be called a "pleasure in being castrated". Such men wish something to be inserted and retained in their body, rather than to be castrated. The idea that this wish can be fulfilled only by paying for it with castration, does not increase desire. Indeed it arouses the most intense anxiety, which in turn furnishes the motive for its repression. This was the state of affairs in the Wolfman, as Freud describes it, who repressed his "inverted" oedipus complex because of castration anxiety, and had no wish to be castrated for pleasure.¹

Without realizing it, we have touched upon a number of new problems and shall have to inquire into the relation of the compulsion neurosis to bisexuality and to masochism. The relation to masochism obviously involves the question, previously referred to, as to the significance of the super-ego.

However, in accordance with our plan, let us first consider a question which is of more importance in a theoretical discussion of the compulsion neurosis—namely, the question of the choice of neurosis. After the oedipus complex has been

¹ Freud: *Aus der Geschichte einer infantilen Neurose.* Ges. Schr. VIII. (Trans. in Coll. Papers III.)

shattered by castration anxiety, what is it that determines whether the ensuing defense will be solely a repression—the precondition for an hysteria—or the step, fraught with so many consequences, an attempted defense through regression—the precondition for a compulsion neurosis? The decision must be dependent on two factors, perhaps on a combination of two or three factors; namely, on the nature of (1) the residuals of the pregenital instincts, (2) the phallic organization, and (3) the ego which defends itself against the instincts.

The first of these is probably the crucial factor. We know that, in general, the older positions of the libido which are more readily recatheted are the ones upon which the individual has been fixed most intensely. This general rule applies in this case. Under the influence of castration anxiety, those persons who have the strongest anal sadistic fixations will regress to the anal sadistic stage of organization. To use Freud's figure of speech: after a defeat, an army will prefer to retreat to the position where it left the strongest occupying forces while it was advancing.¹

To the question, what causes fixations, we may answer: constitution and fixating experiences—which are quantitatively related to each other like two variables in a complementary summational series.² What, then, is meant by a "fixating experience"? Unusual gratifications, or unusual frustrations, or an alternation of unusual gratifications and unusual frustrations during the florescence of development of a particular libidinal field. The greater the previous gratification, the more apt are later frustrations—even objectively non-traumatic ones—to act as traumata (e. g., weaning). There are individuals who possess a constitutionally heightened anal eroticism, or who have been fixed on the anal sadistic level because of certain experiences or somatic factors operative during the anal sadistic period. The analysis of compulsion neuroses reveals numerous

¹ Freud: *Vorlesungen. Ges. Schr. VII*, 353. (Trans. by Riviere: *Introductory Lectures, etc.*, 286.)

² Freud: *Vorlesungen. Ges. Schr. VII*, 376. (Trans. *op. cit.*, 303.)

varieties of such fixating factors. Such individuals, if their phallic oedipal wishes have been thwarted or imperiled, are especially predisposed to regress to an anal sadistic level.

If there was excessive spoiling—then, we see that the patient's early childhood was filled to overflowing with anal sadistic instinctual manifestations, and we should not consider it remarkable that he likes to turn back to these gratifications later in life (even though often enough, it is true, they came to a traumatic end). Or if the fixation was more essentially one due to early privations—e. g., a too early and too severe training in cleanliness by persons who themselves had an anal fixation—then we find almost no evidence of any early instinctual expression in the anamnesis; the training in cleanliness allegedly occurred early and without friction. But this is merely a gap in the history: the instinctual demands in question suffered too precocious a repression, which indeed gave an impetus to the formation of the fixation. In the very young child, long before the oedipus complex is fully developed, and during the period of florescence of the anal sadistic organization of the libido, this precocious repression may lead to anal erotic reaction formations, and to neuroses based upon an unconscious conflict between the pleasurable desire to soil and fear of being punished,¹ or it may lead to slight compulsive tendencies, or even to an artificial and premature induction into the phallic phase. Both the fixation and the repression then tend to create a regressive defense against this phallic phase. Consequently we see that fixations correspond to regressions. But it is also true that the very persons who are constitutionally markedly anal will also have the greatest number of anally fixating experiences, especially if the parents do the training.

Concerning the phallic organization, its especial weakness might be the circumstance which promotes the regression:

¹ Wulff, M.: *Phobie bei einem anderthalbjährigen Kinde*. Int. Ztschr. f. Psa. XIII, 1927; and the particularly interesting report by Berta Bornstein: *Die Phobie eines 2½ jährigen Kindes*. Int. Ztschr. f. Psa. XVII, 1931.

it is easy to give up something that is not very important. On closer consideration it becomes clear that, clinically, this point coincides with the previous one, for the more intense the pregenital fixations, the weaker the subsequent phallic organization. An individual fixed at the anal level will only reluctantly advance to the phallic phase, and he will always be prepared to relinquish his newer acquisition at the slightest disappointment or threat of danger. By easy transitional steps these cases gradually merge into those which suffer from a disturbance of development but show no regression properly speaking. The pregenital fixation and the premature protest of the ego against the phallic oedipal wishes were so intense in such cases that, practically, they never reached the phallic phase. Children are sometimes trained in cleanliness much too early in life and are then forced to repress their anal eroticism; hence, even at that early period in life when the prevailing organization is, ordinarily, anal sadistic, they develop intense genital wishes, and their ego protests against these precocious wishes even then. As was stated above, the weaker the phallic organization, the greater the tendency to regression in the face of slight disappointments and dangers. Conversely, however, very intense and sudden disappointments and dangers may provoke regressions in individuals without strong fixations. Regression appears to be facilitated also if the threat of castration comes upon children suddenly, like a trauma, during the phallic phase of libidinal development; for example, if a child happens to see the female genital and the threat of castration, which he had treated lightly heretofore, all at once impresses him as a real danger, a regression ensues.

It is most difficult to describe the nature of the ego which is especially apt to resort to the use of regression as a defensive measure. From one point of view, we might say that a precondition for regression is a peculiar weakness of the ego organization; yet, in another sense, we might consider the ego organization as relatively strong. We may regard the ego as weak, because regression is, in a sense, the most passive of all

forms of defense, more passive, even, than the anxiety seen in anxiety hysteria. To turn back from higher desires and aims to lower ones in the face of disappointment or danger, is an automatic response, a process which the ego at first experiences passively. It is true that the ego can and will utilize this response to its own advantage—analogously to its utilization of the anxiety developed in the id—and eventually may even invoke the process; but, in so doing, the ego nevertheless is a much less active participant than it is, for example, in the case of true repression when it produces a counter-cathexis. Therefore, it is possible to say that, at the time of the dissolution of the oedipus complex, the ego of the future compulsion neurotics is weaker than the ego of the future hysterics. On the other hand, one cannot deny the fact that regression is facilitated by a precocious protest on the part of the ego, and that the ego, utilizing a mode of defense which originated in the pregenital period, strikes with its defensive forces the phallic organization at a time when this organization is still in a nascent state. It is also possible, that, under certain conditions, the oedipus complex may develop during the pregenital period, so that the ego must institute defensive measures even during that early period. In short, the ego of compulsion neurotics must be strong enough to have made valid its protest against the instincts at a very early date, and yet it must be too weak to fight out this conflict with more dependable methods.

This brings us to the question, whether there may be pregenital disturbances of development which do not involve the oedipus complex, disturbances in which the ego began its defense during the florescence of the anal sadistic stage with the result that the possibility either of developing an oedipus complex or of regressing was never present. It cannot be excluded that cases of this description may occur. Yet, the great importance of the oedipus complex and of castration anxiety in the compulsion neurosis is well established analytically, and it seems improbable that a psychogenetic process of

this type would result in clinical pictures resembling compulsion neuroses. More probably, the process would lead to the development of persons with a character not dissimilar to that of compulsion neurotics and with general infantile traits. Reich, for apparently cogent reasons, assumes that chronic neurasthenia originates in this fashion.¹

Let us now consider two features of the compulsion neurosis which are characteristic and crucial: bisexuality and ambivalence. Are these attributes, when constitutionally intensified, preconditions for the development of regression, or conversely, are they consequences of regression? We may answer, both. As we know, particularly marked bisexuality and ambivalence are characteristic of the pregenital stages of libidinal development and disappear only after the genital organization has attained its ascendancy, when there is a "postambivalent object love" (Abraham²). An anal sadistic organization implies an ambivalent relationship to objects; a man with anal attributes must have female sexual wishes, but because of the simultaneous presence of sadism, male ones as well. In so far as the pregenital fixation is a precondition of the regression, the fixation is also a precondition of the two qualities associated with it, bisexuality and ambivalence. But in so far as the regression is the cause of the intensification and persistence of the anal sadistic orientation, bisexuality and ambivalence, which are attributes of this orientation, are results of the regression.

So far, our statements concerning regression and its consequences have referred principally to the period in which the oedipus complex is in dissolution. In point of fact, the earliest compulsions and obsessions originate at that time, or just afterwards, during the period of latency. In adults, compulsion neuroses are unfortunately complicated by the developmental processes which occur between the time of the crucial regression and adulthood.

¹ Reich, Wilhelm: *Über die chronische hypochondrische Neurasthenie*. Int. Ztschr. f. Psa. XII, 1926.

² Abraham, Karl: *Versuch einer Entwicklungsgeschichte der Libido*. Int. Psa. Verlag, 1924. (Trans. in *Selected Papers*.)

Compulsion neuroses in adults fall into two groups: the rarer, acute forms, and the more common, chronic forms. The acute cases are precipitated by external circumstances. The circumstances are no different than those which might precipitate a hysteria, and from the quantitative, libido-economic standpoint, they should be regarded as causing a reanimation of repressed infantile sexual conflicts. For this mobilization to bring about a compulsion neurosis, it must take place in a person who has had the appropriate predisposition since childhood—that is to say, in a person who effected a regression in his childhood. Even though most of the genital libido may have escaped this regression and may have been sufficiently preserved to allow puberty to run its course without insuperable difficulties, a large amount of libido must nevertheless have suffered regression. The infantile defense against the oedipus complex must have chosen the path of regression, and, as it were, blazed a trail, so that a disappointment in later life with a renewed flaring up of the oedipus complex, would again lead to a regression to the anal sadistic level and to the defense manifestations seen in the neurosis.

The chronic type of case is more common. Particular external circumstances may serve to exacerbate a compulsion neurosis which has, essentially, been in existence since puberty. During the latency period the patients may have succeeded in allaying the pathogenic instinctual conflicts for a time, perhaps by means of compulsive rituals or by reaction formations within the character; but at puberty, the situation is altered.¹ The sexuality which emerges at this time takes a course analogous to that pursued by the sexuality of early childhood. Another regression to the anal sadistic level of organization takes place. The super-ego, with whose protests the more recent wave of anal and sadistic sexual wishes comes into conflict, was itself unable to escape the effects of the original infantile regression. It has become more sadistic and rages relentlessly against the unintelligible anal and sadistic instinc-

¹ Freud: *Hemmung, Symptom und Angst.* Ges. Schr. XI, 56.

tual demands that emerge from the id. It rages equally relentlessly against the offshoots of the phallic oedipal wishes proper, which have persisted alongside the distorted instinctual demands—against masturbatory temptations. The internalized struggle between the ego and the super-ego, made sadistic by regression, reflects in all details the original ambivalence, and the conflicts which were waged with the original representatives of the environment from whom frustrations and castration threats emanated. “The over-severe super-ego demands that sexuality be suppressed—all the more insistently because it has assumed such repulsive forms. Thus, the conflict in the compulsion neurosis is made more acute for two reasons: the defense has become more intolerant, the matter to be defended against more unbearable. Both through the influence of the one factor, the regression of the libido.” (Freud).¹

The continual struggle on two fronts against instinct and against super-ego, and the arrangements which the ego makes with the symptoms already present (such as secondary defensive conflicts, further reaction formations, tendency of the symptoms to evolve from defense to gratification), complicate and characterize the subsequent development of the compulsion neurosis.

By singling out regression as the central point in the psychology of the compulsion neurosis, we answered in the affirmative the question whether or no the ego makes use of some mode of defense other than that of repression; for regression is this new mode of defense. Another mode of defense not to be found in hysteria is the construction of consistent reaction formations which become integral parts of the character. We must emphasize, however, that repression proper is by no means absent in the compulsion neurosis. Repression is present, but it is not, as in hysteria, the sole mode of defense. Compulsion neurotics do not know the whole text of the impulses that are repugnant, nor are they entirely aware of all their pathogenic infantile experiences. Indeed, why they

¹ Freud: *Hemmung, Symptom und Angst.* Ges. Schr. XI, 56.

should be aware of part of them is one of our unsolved problems. Even the compulsions and obsessions themselves may undergo a secondary depressive process. The patients frequently cannot tell what it is that their compulsions demand of them. The compulsions often enough have a remarkably colorless, vague, dream-like quality, and it takes a good bit of analytic work to remove the repression sufficiently for the text of the compulsions or the verbal formulæ of the compulsion neurotic to become legible.

But as far as the modes of defense are concerned, hysteria and the compulsion neurosis differ from one another in other respects. The turning away from genitality to anal sadism apparently causes the ego to make extensive alterations in its defensive methods. Consistent repression, which we see in hysteria, appears to be correlated with the fact that the instincts to be repressed are genital in quality. Other methods of defense are characteristically correlated with anal sadism. This fact is related to the "internalization", and to another circumstance still to be discussed, namely, that the ego and its functions (thinking) are sexualized to a greater degree by the regressively debased libido than by unaltered genital libido.

Freud has described two other modes of defense characteristic of the compulsion neurosis: "isolation" (*Isolierung*) and "undoing" (*Ungeschehenmachen*).¹ We have referred to both of them above, and shall consider them now in greater detail.

We were dealing with the mechanism of isolation when we stated that hysterics repress the infantile ideational content, while compulsion neurotics repress the relation of this content to the symptom. If one points out a relation of this sort to a compulsion neurotic, one meets with the same kind of resistance that is shown by hysterics when one calls their attention to their infantile oedipal experiences. In other words, things genetically related are held apart by an expenditure of energy used for the purpose of resistance, i. e., by a special counter-cathexis in the ego; in other words, one element is kept

¹ Freud: *Hemmung, Symptom und Angst*. Ges. Schr. XI, 59 ff.

"isolated" from the other. The peculiar nature of the mode of defense which we call isolation, becomes clear when we study the compulsions—which are of frequent occurrence—in which an interval of time or space is really inserted between ideas, feelings, or objects which originally belonged together. "Things kept apart in this way are the very ones which associatively belong together. Motor isolation is intended to form a guarantee of the interruption of this connection in thinking."¹ The things most strenuously isolated from each other are those which originally were closely connected, but which in later development were forced to separate; for example, expressions of ambivalence, belonging to the father complex, in the relationship to God in religious compulsion neurotics.¹

All hysterics repress, yet there are some hysterics who have repressed whole days of their life; and such cases, therefore, are excellent for the purpose of demonstrating the process of repression. Similarly, although isolation occurs in all cases of compulsion neurosis, there are some cases so well adapted to demonstrate this mechanism that they might be called "cases of isolation".

A young man of seventeen became ill because of a conflict over masturbation. For a time he had masturbated without guilt, always alone, although he had often stood by and watched his schoolmates indulge in mutual masturbation. He then heard his pastor deliver a sermon on masturbation, in which young men were advised not to associate with anyone who masturbated. In the patient's childhood his genitality had been inhibited by an excessive fear of castration. A passive anal fixation facilitated the regression which now made its appearance. He took the pastor's sermon to heart, decided to follow the advice and no longer speak to boys who masturbated, particularly not to a certain boy who, he knew, masturbated a great deal. For a while he succeeded in keeping this resolution. As time went on, however, the dangerous temptation demanded stronger defensive measures; and to avoid contact with the boy he developed certain types of phobias, and had to insure the avoidance through certain compulsive procedures. Thus, whenever he met the boy he had to spit; an obsessive decree

¹ Freud: *Hemmung, Symptom und Angst.* Ges. Schr. XI, 61.

concerning the number of times he had to spit failed to be understood in spite of the analysis. The phobia spread: he refrained from any contact with the family and friends of "The Avoided"—the patient gave the boy this title, in order to avoid using his name—and then, because "The Avoided" was the son of a barber, the patient avoided the shop in which this barber worked. As time went on, all barber shops had to be avoided and even contact with people who were shaved by barbers, and finally the patient found it imperative to stay away from the section of the city in which the barber shop of that boy's father was situated.

The subsequent evolution of this phobia, which from the beginning was permeated with obsessional features, led—*sit venia verbo*—to an "isolation neurosis". Up to this point nothing in the symptomatology of the neurosis showed what might be the cause of the inhibitions which blocked the patient's pubertal genitality. But at this point, he made the compulsive stipulation that the members of his own family, with whom he lived, and particularly the women, his mother, grandmother, and sister, should not go into the forbidden neighborhood. The patient suffered greatly because his family would not accept this limitation of their freedom. He himself followed his own prohibition implicitly; but the more stringently he limited his actions the more intensely was he forced, obsessively, to *think* of the forbidden section of the city. One can readily understand that this caused him pain; but he gave an unexpected explanation of this pain. It was painful, he said, because at home he sees his mother and grandmother, and *therefore* ought not think of "uncongenial" persons or localities! Although the patient was aware of the relation between his illness and his masturbation conflict, he "ignored" it; his masturbation had been given up without much apparent difficulty, and the need for it no longer arose; but in its stead, the neurotic effort to keep the idea of "member of the family" separate from "uncongenial persons and localities"—to isolate them—became more and more definite.

This isolation then became the chief topic of the neurosis and the phobia receded into the background. The patient allowed himself to think of "uncongenial things" but tried to avoid thinking of "congenial" persons at the same time. He thus demonstrated that the oedipus complex was the cause of his masturbation. The elaboration of this effort on the part of the ego to defend

itself against the oedipus complex, when the latter was reactivated at puberty, by means of isolation, led in a few months to a compulsion neurosis of the severest type.

The patient was like the man in Wedekind's story, who was not supposed to think of a bear. Whenever he thought of the barber shop he immediately thought of his grandmother. This tormenting symptom he called "connecting", and he was able to use only one defensive method to deal with it, namely "undoing". In this case this took the form of "disconnecting". After he had simultaneously thought of the forbidden locality and of a congenial person, if he could see in his mind's eye a picture of the uncongenial thing by itself, completely isolated and freed from all congenial accessories, then everything was set right again and he was quieted. After a short while, the patient was absorbed in making "disconnections" from morning till night.

Then he developed two other features which tend to add to the severity of a spreading compulsion neurosis: an immense extension of the field of symptomatology, and an invasion of the symptom by the rejected impulse.

In the first place, the division of objects into "congenial" and "uncongenial" came to embrace all persons and all localities. Not only did all his schoolmates become uncongenial and all relatives congenial, but all other persons, through superficial associations, were placed in one or the other category, and thus became subject to "connections" and "disconnections". For example, the friends or coworkers of persons whom he might see entering the forbidden district became uncongenial, while all women, unless there was some special disqualification, became congenial. An analogous attitude towards localities increased the number and varieties of "connections" and "disconnections" vastly. He might think of a congenial person in an uncongenial locality, of an uncongenial person in a congenial locality, of an uncongenial person and a congenial person together, of a congenial locality and an uncongenial locality, of a "composite person" who would possess features of both congenial and uncongenial persons—for example, someone who had some of the facial features of the grandmother but lived in the forbidden district—of analogous "composite localities", etc. After this, he came to include all concrete objects in his symptomatology—for example, mirrors, because he remembered the mir-

rors in the barber shop—so that the idea of his sister's image in a mirror became a painful “connection”. Then he included abstractions; for example, words uttered by uncongenial persons became uncongenial, and he could not use them in sentences which contained congenial words.

The offensive “connections” (forbidden oedipal impulses) continually appeared in consciousness, and had to be continually warded off by “disconnections”, that is to say, by means of the mechanism of “undoing”—which in this case coincided with isolation—or else he would become the prey of anxiety and tormenting tension. He had, in this regard, imposed a severe condition on himself: until he completed the “disconnecting”, he did not permit himself to leave the place where he happened to be at the time of the “connecting”, nor might he interrupt the activity that engaged him at that moment. This condition was the most injurious socially, for, as a disconnection occasionally took hours, it would happen that the patient had to stand still at a given place or continue some useless activity for that length of time. It was always in doubt whether he would be able to arise from the couch after his analytic hour, and he would be tortured all through the hour by the fear that it might end just between a connection and a disconnection. If the disconnecting procedure varied in some slight detail from the connecting one, it was ineffective—which may be, in my opinion, a general characteristic of the mechanism of undoing.

Finally the defense itself came to give expression to the rejected impulses. The compulsion to disconnect made it necessary for the patient to have a sufficient number of congenial persons, places, things, or qualities in constant readiness. The desire to put a quick end to the tormenting tension conquered the phobia and brought about a return of the repressed from repression: the patient frequented uncongenial places and took careful notice of uncongenial persons, so that he might have them in readiness in case he needed them. But he was not able to do this with all uncongenial objects—“The Avoided”, for example, remained such. In time, he had a graduated series of differentiations: there were objects which were phobically avoided as completely uncongenial; then, less uncongenial ones, the ones he sought out to have in readiness for “disconnecting” in case he should suddenly come upon a congenial one; then, somewhat indifferent ones; slightly congenial ones; and

completely congenial ones. He finally consciously exerted himself to think of uncongenial objects only, hoping that he would then more easily bring about the disconnection. If we recall that thoughts of "uncongenial objects" stood for masturbation, we see that he was now masturbating uninterruptedly. And in point of fact, when his tension was greatest and he could not make a disconnection in spite of all efforts, occasionally, to his great astonishment he would have a seminal ejaculation.

The "connecting" procedure—that is to say, the bringing together of congenial persons and uncongenial words—began to take place despite the isolating activity of the ego, even when the patient was not aware of it. One of the numerous secondary gains from this was, that he was now dressed by other persons, like a little child, for otherwise, dressing—which was associated with numerous intercalated "connectings"—would have consumed hours. When his grandmother dressed him, he would suddenly let fly the vilest oaths. These did not refer to his grandmother, however, but to uncongenial persons whose images came to mind at the time and thus made a "connection".

In another case similar phenomena were observed. The patient was of the hair-splitting, doubting type, with whom it was difficult to carry out the analytic procedure because of the severity of the illness. He protested against the basic rule of free association. It was learned later on that he was striving to keep secret the existence of a certain woman friend; not because he did not wish to speak of the matter in a general way, nor yet because he did not wish to expose the particular person—but because in his analysis he had spoken of masturbation, and he wished to keep her isolated from everything that was grossly sexual. He felt that he might speak of her, if he were only sure that he would not think of something grossly sexual during the same analytic session. That the "disconnection" in this case was a response to a compulsive "connection", and that it represented the defense against unconscious oedipal impulses, was confirmed only much later in the analysis. The symptom which the patient guarded most anxiously and took most pains to conceal was, that whenever he saw the woman in question or heard her name, he obsessively thought "little whore". This symptom, then, stood for the oedipal instinctual demand against which the ego was defending itself by the method of isolation. This brings to our attention the fact, that

the splitting of sexuality into sensuality and tenderness at puberty, which Freud has described, and which is so characteristic of our civilization, is also the result of an "isolation" mechanism set into play by the ego to prevent the sensuality which originally was directed towards an (incestuous) object of tender love from breaking through. It was interesting to observe how the patient, who had a tendency to use paranoid mechanisms, combined in his defense against instinct the mechanisms of isolation and projection. Unfortunately, I was incautious enough to provoke him into a resistance which was very difficult to overcome. Once, in order to demonstrate the absurdity of psychoanalysis, he stated that persons only had ideas that they wanted to have; and I replied that this was not true, for he had the idea "little whore" without wanting to have it. For days after this, the patient threw up to me *my* sensuality and vulgarity in calling his friend a little whore, and in misusing his confessions to accuse him of low behavior with her; he understood that this was not considered the proper thing for analysts to do.

Another patient effected a remarkable isolation by means of marriage. He resolved that his connubial life should have no connection with his infantile sexuality. At the points where infantile sexual strivings might have entered the marriage despite the isolating activity of the ego, he erected severe compulsions and obsessions. The isolation rendered a deep analysis of his childhood therapeutically futile until the resistances which guarded the isolation had been overcome, and the entire connection between his childhood and his marriage was worked out.

Another case will show how isolation was pressed into the service of the resistance. When the patient's associations threatened to approach repressed material—that is, ideational contents against which the ego was on the defensive—about ten minutes before the end of the hour he would shift and begin to speak of inconsequential matters. The unconscious purpose of this technique was to check any effect which the analytic material might exert on reality. The unimportant material at the end of the hour formed, literally, an isolating layer interposed to prevent what was brought up in the analysis from coming into contact with his everyday life.¹

A patient will frequently assure himself of an isolating layer of

¹ Most of this discussion of isolation has already been published. See Fenichel: *Zur Isolierung*. Int. Ztschr. f. Psa. XIV, 1928.

this type by counting (or measuring time) in a routine ritual fashion before he permits himself to undertake a new activity—this is one of the unconscious purposes of the counting compulsion.

Two special types of the mechanism of isolation deserve particular attention. One of these is the well-known phenomenon of repugnant impulses becoming "affectively empty" when they come into consciousness as compulsions: ideational contents and affective charge are kept apart. The second type is that in which the ego utilizes isolation as a defensive mechanism not only against the impulses which emanate from the id, but also against the exalted demands made by a severe super-ego—against the sense of guilt. Most compulsion neurotic individuals suffer from a severe conscious sense of guilt without being able to specify what it is that makes them feel guilty. Many have their lives embittered by the persistent coercion of their bad conscience. Analysis shows that the infantile sexual conflicts—the oedipus complex and its regressive representatives—furnish the motives for this sense of guilt; as Freud correctly says, the super-ego has a better knowledge of the true state of affairs than the ego.¹ Accordingly the super-ego, which, because of the omnipotence of thought, sets an equal value on words and deeds, makes its influence felt through a severe sense of guilt although the ego is unaware of the reason why it is molested in this way. The ego feels the sense of guilt but is "isolated" from that which gives rise to it. This is observed more clearly when the offensive infantile impulses find objective current expression. A compulsion neurotic with a chronic bad conscience, scrupulously attentive to the well-being of everyone, may objectively injure other persons either by means of his symptoms or other behavior without the slightest awareness that he is doing so and without any bad conscience; in such an instance, we see that the patient has applied the mechanism of isolation to protect himself against the sense of guilt due to his objective behavior, which repre-

¹ Freud: *Hemmung, Symptom und Angst.* Ges. Schr. XI, 57.

sents an oedipal transgression. There are, to be sure, compulsion neuroses without any sense of guilt; and it may be that under certain circumstances the ego succeeds in completely repressing the demands of the super-ego, or the demands of the super-ego may be so well satisfied by the innumerable compulsive self-punitive and expiatory actions that the sense of guilt disappears.¹

Freud, furthermore, has drawn attention to a normal prototype of isolation, and to a genetic relationship which stands in relation to it.² The normal prototype is the process of concentration, or of orderly thinking in general, which consists in the continued elimination of affective associations in the interest of objectivity. Compulsion neurotics, who, as we shall learn, have "sexualized" their thinking, behave in their isolation activity like a caricature of normal thinkers. This throws light on a factor of importance in analytic therapy. So-called free association appears to be essentially a suspension of the isolating counter-cathexis. The isolations that characterize normal thinking are supposed to be suspended by the injunction to express whatever comes to mind in the order of its appearance so that the original unconscious associative connections may again become visible. Since compulsion neurotics do a great deal of isolating, and invest in this particular function a considerable part of their counter-cathexis, they find it difficult to associate freely. Indeed typical compulsion neurotics never learn to do so perfectly. They always desire order, routine, system. From the psychological standpoint, this means that they do not wish to dispense with their isolations; they particularly fear the rediscovery of the original affective relationships—or indeed they fear having any affective experiences at all, which is the reason for their flight into the compensatory intellectual activity. The genetic relationship referred to above is the one mentioned in Freud's statement

¹ Alexander, Franz: *Psychoanalyse der Gesamtpersönlichkeit*. Int. Psa. Verlag, 1927. P. 88 ff. (Trans. op. cit., 57 ff.)

² Freud: *Hemmung, Symptom und Angst*. Ges. Schr. XI, 62.

dealing with certain rituals of touching (threshold symbolism, paving-stone compulsions, and the like); he expresses the opinion that the ancient taboo on touching—that is, the effort to prevent the spatial contact of two objects, which occurs in so many compulsions relating to touching, and which is also expressed in phobic fears of touching and infection—is the prototype for the mechanism of isolation. To avoid touching might take on this meaning; for all forbidden impulses, whether sensual, aggressive or tender, strive to effect nothing more than a form of contact with an object.

As to the mechanism of "undoing", it is easier to understand intuitively than the mechanism of isolation, but from the psychological standpoint it is in a sense a special case of the mechanism of isolation. We have spoken of the biphasic symptom, the second half of which annuls the first half. In many cases of undoing, this is objectively the case; in others, it occurs only by way of a magic act; finally, there are many symptoms which are not biphasic but which have only the purpose of annulling something that has happened, to undo it, actually to turn backward in time by magic means. Many reaction formations also might be reckoned among the "undoings", for analysis shows that they are intended not only to prevent future instinctual activities, but also to annul certain ones in the past. Furthermore, all symptoms which represent expiations belong to this category, for it is the nature of expiation to annul antecedent sins. Another very remarkable tendency in compulsion neurotics must also be put in this class—namely, the tendency to repeat an action, at first once, later more frequently. It is often not difficult to demonstrate that the repetition differs in some detail or other from the original action, and that the undoing or annulment is represented by this very detail. In the simple case of having to do something once again, the point is that the super-ego has noted the invasion of the activity by an offensive impulse. It is the aim of the compulsion to repeat the act and to force the ego to carry out the act without a secret unconscious accessory meaning, or with the opposite

unconscious meaning, in order to undo the magical effect of the first action. But if, because of the continued disruption of the patient—who is always trying to transgress and expiate at the same time—a bit of gratification insinuates itself into the repetition which was intended as an expiation, the super-ego becomes aware of the fact and compels a third, fourth, or fifth repetition of the act.

The quality of "undoing" is the more evident in an action, the more biphasic the symptom. For example, a patient feels a compulsion to crane his neck upwards. It happens that just before this he rode down in an elevator, and felt then that the rapid downward motion may have injured his brain—a disguised castration anxiety "displaced upward". The backward motion of the head, which the patient unconsciously believes will throw his brain back to the place from which it slipped, annuls the preceding castration. The occurrence of biphasic symptoms in the compulsion neurosis, which was emphasized as one of the points of difference between this neurosis and hysteria, is thus seen to be a special case of the difference between the defense mechanisms utilized by the ego in these two neuroses.

The "disconnection", described above in the case in which isolation predominated, is also an unusually good example of "undoing". The symptoms which were to be annulled by repetition may serve as an example of the tendency, present in compulsion neurotics, to smuggle more and more gratification into the expiatory symptom. A patient with severe scruples in regard to any unnecessary outlay of money bought a newspaper for ten pfennigs—symbolically, a substitute for a visit to a prostitute. He rued this deed and, wishing to undo it, returned to the newsstand but then was at a loss what to do next. It occurred to him that the purchase of a second paper might ease his mind; but the stand was closed. Whereupon, he took a ten pfennig piece out of his pocket and threw it away.—The same patient, whenever he had to write, had to go through all kinds of compulsive ceremonials, which also were connected with his prostitution complex. One day he wrote a postcard while at a certain post office. After he had walked several blocks from the post office, he happened to think that his compulsions might have attracted attention there. He was much disturbed by this idea and decided to go back to the same post office and write another card, this time in a manner calculated not to attract attention. However, objectively, the patient's reappearance at the post office would have made him more conspicuous than all his difficulties in writing, which could not have been very noticeable; in fact, it turned out that on the way from the post office to the place where the idea of returning came to him, he had seen several prostitutes, and his walk back gave him a second chance to look at them.

We may cite a few more typical examples of the invasion of the defensive symptoms by the instincts they oppose: to reassure himself that he had turned off the gas, a patient was always compelled to touch the gas cock again, thus

actually increasing the risk of its being open; he had to rearrange the objects on the top of a bookcase to keep them from falling on someone's head, thus giving them a real chance to fall. To protect his dear ones from his inimical impulses, he guarded them from imaginary dangers so "devotedly" that they were in fact unbearably tormented.

A woman patient, observed by Watermann, suffered from so massive a phobia in respect to dirt that she sometimes remained in bed all day if her clothes or the room in general looked dirty. Her fear of dirt on these days would keep her from leaving her bed at all, and the result was, that to ease her excretory functions, in the end she dirtied the bed.

The mechanism of "undoing" and its failure because of the invasion of the defensive symptoms by the instincts, explain the frequent increases in the number of repetitions, the ever-broadening scope of the ceremonial assurances, obsessive doubt (which has other origins as well), and, finally, the futility of all these measures. Related to this, also, is the characteristic oscillation of the ego between instinct (*id*) and penitence (*super-ego*), which leads to scruples and doubts, and the possibility that the compulsion neurosis may terminate in a state of complete "paralysis of the will", in which nothing can be thought or done unless its antithesis is thought or done too.

Isolation and undoing are, basically, magical procedures. Their utilization is a corollary of the partial regression to narcissistic pre-logical forms of thinking. The deeper parts of the ego, from which the defense emanates, have become magical and animistic again—of which we shall have more to say below.

The problem, how offensive impulses may come to consciousness in the compulsion neurosis, appears solved, in part, by the fact that the ego, in place of repression, uses other defensive methods: regression and (its corollary) reaction formations, isolation, and undoing. Schultz-Hencke¹ correctly pointed out that component impulses only (e. g., an impulse to kill) ever come to consciousness and never the true unconscious pathogenic total relationships; and he believes that this partial coming to consciousness is possible because the conscious impulse

¹ Schultz-Hencke, Harald: *Einführung in die Psychoanalyse*. Jena: 1927. P. 176 ff.

to kill is so far removed from any possible efferent motor expression that there is no chance of the impulse being realized. Hence, when the idea comes to consciousness the patient feels that it is "stripped of emotion". This formulation seems to us correct, yet it is, fundamentally, only another way of stating the fact that compulsion neurotics isolate while hysterics repress. In this connection, we must consider Alexander's theory that the innumerable expiatory actions of compulsion neurotics satisfy the super-ego so well that its severity is abated and it permits the ideas which correspond to the impulses to come into consciousness.¹ However, the idea of a "quantitative exhaustibility of the super-ego's patience"² seems to us an *ad hoc* construction to such an extent, that we prefer, instead, to apply the idea of the relative replacement of repression by isolation. Radó has expressed an opinion as to why true repression is coöordinated with genitality, while the various other forms of defense are connected with pre-genital aggressive impulses.³ He believes that the cause is to be found in the analogous behavior of the preceding generation which has reared the individual: genital events were, so far as possible, tacitly ignored, whereas the child had much more frequent opportunity to see aggressive actions and learned, and had it impressed upon him, that they were "naughty".

We were struck by the fact that so many compulsions and obsessions directly serve to protect the patient from masturbation. We are now in a position to understand why this finding is not inconsistent with the other fact, that the symptoms represent the defense against and the gratification of anal sadistic drives. The patient is protected from the temptation to masturbate, in the first place, by regression and protected then from the regressive expression of this temptation. Thus,

¹ Alexander, Franz: *Psychoanalyse der Gesamtpersönlichkeit*. P. 88 ff. (Trans. *op. cit.*, 57 ff.)

² Alexander: *op. cit.*, 101. (Trans., 68.)

³ Radó, Sándor: *Eine ängstliche Mutter*. Int. Ztschr. f. Psa. XIII, 1927. (Trans. in Int. J. Ps-A. IX.)

originally phallic wishes are condensed with pregenital ones. To the extent that infantile masturbation is the efferent path of discharge for the oedipus complex, every defense against the oedipus complex is a defense against masturbation. Freud's statement that there is a close connection between compulsions and obsessions and masturbation¹ refers to something more specific; it means that the instinctual defense which keeps the compulsion or obsession alive is specifically directed against execution and attacks this function, although it really refers to the accompanying phantasy. Freud believes that the time when compulsions and obsessions originate corroborates this idea; they usually arise in the period of latency, in which the demand to "renounce the oedipus complex" is enforced in real life as a prohibition of masturbation. (Hysterical symptoms usually arise at an earlier age.) Freud's observation that a boy protecting himself from masturbation produces compulsions, especially rituals,² may easily be verified by the observation of boys at puberty when, even in boys with no other compulsions or obsessions, the conscious struggle against masturbation is combined with mild compulsive symptoms, such as the stipulation that they may masturbate only after a certain ritual has been complied with (e. g., a definite time interval). The forms of these ceremonials are many, and they are complicated by the process that is so characteristic of the compulsion neurosis, namely, the sexualization of the defensive measures. The relation between obsessive and compulsive ceremonial and masturbation is so intimate that Radó has accurately described the ceremonial as a "caricatured masturbation".³

In the case which I used above for the illustration of the mechanism of isolation, the compulsion was the direct expression of the defense against masturbation and in the end became a masturbation equivalent. The development of a symptom with an expiatory meaning into one with gratification was particularly evident in this case. The "connecting" of uncongenial elements with maternal women, the nucleus of the symptom, left no room for doubt that the

¹ Freud: *Hemmung, Symptom und Angst.* Ges. Schr. XI, 55.

² Freud: *Hemmung, Symptom und Angst.* Ges. Schr. XI, 55.

³ Radó, Sándor: Paper read before the German Psa. Society, 1931.

masturbation phantasies were oedipal in nature. The regression to the anal sadistic level of organization was not so striking in this case as the relation of the neurosis to the phallic oedipus complex, which was expressed in pubertal masturbation.

Another example of a compulsion which originally served as a defense against masturbation and later came to be a masturbatory equivalent is the following: In a mixed neurosis, in which compulsive symptoms predominated, the anxiety which appeared after masturbation could be dispelled by tensing the muscles of the legs. This tension was then followed by a rhythmic pounding on the legs and then by another masturbatory act.¹ Here the influence of regression was very obvious. Analysis showed that the tension in the muscles was a displaced spasm of the anal sphincter, and in addition disclosed that the phallic masturbation at puberty had had a forerunner in the form of anal masturbation, which the little boy had accomplished by moving his buttocks around on a chair.

Another patient felt remorseful after taking gymnastic exercises. Analysis showed that exercising represented phallic masturbation—a regressive displacement of narcissism from the penis to the entire body.² This remorse, with which he had come to terms in an obsessional manner, finally made him think: "Now masturbate and ruin yourself completely!" and he was then compelled to masturbate several times in succession without any pleasure.³

In cases of compulsive masturbation without pleasure, it is probable that the masturbation becomes a sexualized substitute for the compulsion which was originally a protection against masturbation or an expiation for it. Paradoxically, then, the compulsion becomes not a protection against masturbation, but masturbation becomes a protection against the compulsion. Not infrequently compulsion neurotics will put an end to a state of doubt and hair-splitting by masturbating. Masturbation, in such cases, seems to be an inadequate attempt to get rid of the unbearable internal tension generated by the neurotic damming up of libido by way of genital activity. Manifestly, the secondary sexual gratification of the defensive function is then more clearly recognizable than the punitive significance of the masturbation, which has the latent meaning

¹ Fenichel, Otto: *Über organlibidinöse Begleiterscheinungen der Triebabwehr*. Int. Ztschr. f. Psa. XIV, 1928.

² Härnik, Eugen J.: *Schicksale des Narzissmus bei Mann u. Frau*. Int. Ztschr. f. Psa. IX, 1923. (Trans. in Int. J. Ps-A. V.)

³ Fenichel, Otto: *Zur Klinik des Strafbedürfnisses*. Int. Ztschr. f. Psa. XI, 1925. (Trans. in Int. J. Ps-A. IX.)

of self-injury, or which is a masked suicide (self-castration).¹ The ideational content of many compulsions and obsessions demonstrates their connection with masturbation. Many scruples, many fears of not having done something properly, and occasionally the regressively tinctured self-reproach of having injured oneself or some other person or of having made oneself or someone else ill or ugly because of some carelessness, turn out on analysis to be self-reproaches for masturbation.

For example, a patient feared that he might have soiled a borrowed book; meaning: traces of semen might be found in it, or (the regressive note) since, like so many other compulsion neurotics, he was accustomed to read while on the toilet, it might have been soiled there. In the same patient, analysis showed that a fear of having left something lying about was due to the technique of masturbation which he had employed during puberty—he had made use of certain objects for this purpose, and if he had left them lying about, he might have been betrayed by them.

Occasionally, compulsions and obsessions in which, offhand, one would not have expected to find a connection with masturbation, surprise the analyst by showing such a relationship.

A woman was forced to count up to five or six whenever she passed a faucet or turned one on. Since the patient was completely dominated by penis envy, it seemed plausible that a symptom related to a water faucet would have some connection with her penis envy. She remembered that once when her finger was infected, her mother had frightened her by saying that it might have to be cut off; therefore, it was natural to interpret her ceremonial as follows: The sight of the faucet (of a penis) forces the patient to convince herself that she has not four, but five, or even six fingers. However, later in the analysis it was discovered that the ceremonial had a closer connection with masturbation; for when the patient masturbated she would hold her finger in front of her genital organ and let the urine flow along it as if it were a penis.

This patient's castration complex was constructed on the pattern of the "revenge type" and had a strongly sadistic cast; we can, therefore, recognize that there was a sadistic factor which was due to the pathogenic regression, but the anal factor was overshadowed by the urethral factor. On the other hand, the compulsion to count, which Hárnik has subjected

¹ Compulsive masturbation and related problems will be discussed in a later chapter of this *Outline*, "Perversion-like Neuroses".

to analysis,¹ seems to be a specific means of defense against anal masturbation, and first arises in relation to faeces.

It would, however, be wrong to believe that this formulation exhausts the interesting topic of compulsive counting. It is an abundantly overdetermined phenomenon. Perhaps its deepest meaning is a defense against wishes to kill, for counting things insures that none of them are missing. The defense is nevertheless soon invaded by the instinct, and counting then unconsciously comes to stand for killing, and itself must be warded off.² This is facilitated by the circumstance that counting, *a priori*, has the meaning of taking possession, of mastering. We have already mentioned that counting unaccompanied by any ideational content signified the measuring of time, and that it had to be interposed between two actions as a procedure for insuring isolation. In addition, compulsive counting is found to be a defense against (or a result of) the repetitive performance of an act, which for its part springs from an effort at undoing.

The warding off of masturbation is probably the chief purpose of the compulsion to wash. Anal masturbation is easily betrayed by a soiled or odorous hand.

Washing prevents an antecedent masturbation from being detected and therefore acts as a rationalization of the irrational mechanism of undoing. Occasionally, patients with a compulsion neurosis can make all of their scruples disappear by bathing and changing their underclothing. (Cf. ritual bathing as a means of washing away sin—also a manifestation of “undoing”.) It is probably for this reason that neurotic ceremonials during the latency period so frequently relate to washing. But undressing and bedtime ceremonials are also connected with the temptation to masturbate.

There remain for discussion two previously mentioned characteristics of the compulsion neurosis: the rôle of the super-ego, and the alterations in thinking and in the character. The hysterical symptom also arises from a protest on the part of the ego against instinctual energies; but the protest appears to be carried out involuntarily and because of external necessity (threats of castration, or withdrawal of love), yet, because the ego believes in the external necessity, the protest generally

¹ Hárnik, Eugen J.: *Der Zählzwang u. seine Bedeutung für die Psychologie der Zahlenvorstellung*. Paper read at the 8th Int. Psa. Congress. Author's abstract, Int. Ztschr. f. Psa. X, 1924.

² A particularly striking example of the relation between the counting compulsion and impulsive aggression is reported by Berta Bornstein: *Zur Psycho-Genese d. Pseudodebilität*. Int. Ztschr. f. Psa. XVI, 1930.

speaking appears to be with the ego's consent. The impression of an internal agency opposed or inimical to the ego, which vigorously insists on the suppression of instinct and which attempts to enforce its demand on the ego, seldom arises from the study of hysteria, but appears to be characteristic of the compulsion neurosis. The simultaneous subordination of the ego to the id and to the super-ego, and the ego's difficulty in reconciling these numerous relationships, which Freud described in *The Ego and the Id*,¹ first definitely comes to light in the analysis of the compulsion neurosis. Although the idea that an individual identifies himself with the instinct-prohibiting persons of his environment arose from the study of depressions, the compulsion neurosis resembles the depression in this respect; and analysis shows that the ego adjusts itself to a frustrating part of its own psyche, to which it is hostile or ambivalent, just as it had previously to adjust itself to the father or representatives of the father. The analysis of the genesis of the sense of guilt is proof that conscience anxiety takes its origin from castration anxiety. The greater rôle played by the super-ego in the compulsion neurosis in general—that which we designated "internalization"—appears to be a consequence of the fact that the compulsion neurosis arises later in life than hysteria, after castration anxiety has evolved into conscience and the frustrating environment has already been introjected. To explain the archaic quality of the compulsion neurosis we must, however, adduce another factor.

The attitude assumed by the ego towards the super-ego is that of a naughty child toward a strict authoritative upholder. This relation so dominates the disease picture, that often one glance suffices to show the opposition between the ego and the super-ego, while the ego and the id seem completely at one. Such patients give the manifest impression of a cleavage or "split" within them. They behave alternately as though they were a naughty child and a strict punitive upholder.

¹ Freud: *Das Ich und das Es*. Ges. Schr. VI, 393 ff. (Trans. by Riviere, p. 68.)

For obsessive reasons a patient was not able to brush his teeth or do other things of like nature. After not brushing his teeth for a while, he would slap and scold himself.—Another patient always carried a notebook, in which he would make check marks or crosses according to his conduct, to indicate praise or blame.

But the "morality" demanded by the super-ego is not only authoritative and rigid; it is also an automatized pseudo-morality; its remarkably archaic features, so important in the symptomatology of the compulsion neurosis, have been characterized by Alexander in the phrase, "corruptibility of the super-ego".¹

Why the ego treats its super-ego as though the latter were a person in authority may be understood if we consider the developmental history of the super-ego. The ego behaves towards the super-ego as it had previously behaved towards the father; it is not only obedient but also rebellious, or in a curiously childish way partly obedient and partly rebellious—the typical situation in compulsive characters. Hence, the patient's innumerable obsessive hair-splitting absurdities are a continuance of the child's ridicule of the father.² However, all compulsion neurotic individuals could not have had a father so inhumane and cruel and at the same time so corruptible and literal-minded as their super-ego. These attributes require some other explanation. The following factor cannot fail to attract our attention: the regression to the anal sadistic level of libidinal organization, which explains so many of the qualities of the compulsion neurosis, also affects the super-ego. As the instinctual wishes of the ego which refer to the environment became more sadistic, the behavior of the super-ego towards the ego became in like degree more sadistic. And this sadism of the super-ego seems to grow, the more the ego objectively refrains from externally directed aggression. Freud has shown that the super-ego does not

¹ Alexander, Franz: *Psychoanalyse der Gesamtpersönlichkeit*, 45 ff. and 100. (Trans., 23 ff. and 67.)

² Freud: *Bemerkungen über einen Fall von Zwangsneurose*. Ges. Schr. VIII, 324. (Trans in Coll. Papers III, 354.)

behave in the way we should expect, but in a directly contrary fashion: one usually supposes that a person who is strict with himself is refraining from being aggressive; actually the reverse is true—the aggressive tendency merely switches its direction. If it can no longer be directed against objects, it turns inward, and as a function of the super-ego continues to rage against the ego.¹ It is thus evident that the sadism of the super-ego comes from two sources: in the first place from the aggression (included in the prohibitions) of the upbringings against the ego—which the super-ego continues to show after the persons are introjected; and secondly, from the aggression which the ego originally directed against the environment—which represents the reaction to the frustrations imposed by the outer world, and which was especially strengthened because of the regression and then turned inward. This second source explains the fact that the super-ego in the compulsion neurosis is so much more cruel than the real upbringings had been. In like fashion, the self-reproaches of depressed patients reflect reproaches which originate in the introjected object and reproaches which are directed at the introjected object.

How does the compulsive ego react to a super-ego which has been reënforced by regression and by the turning of the aggression inward? In a self-contradictory manner, as a child might behave with a strict upholder. It attempts to satisfy the super-ego's demands as well as it can, but seizes upon every possible opportunity to avoid them. It must be borne in mind that this attitude is not one that is present on only one occasion—at the time, say, when the compulsion neurosis originated—but (like the attitude towards the regressively debased instinctual urges of the id) it has to be maintained by a continuous expenditure of energy. The constant compromising between the contrary demands of the id and of the super-ego—which, when we first considered the compulsion and obsession, gave us the impression that the patient continually oscillated be-

¹ Freud: *Das ökonomische Problem des Masochismus.* Ges. Schr. V, 386. (Trans. in *Coll. Papers II*, 267.)

tween being "naughty" and being "good"—takes place at a magical level, thanks to the archaic nature of the super-ego, so that again we may call the behavior of the compulsive ego a caricature of that of the normal ego, which also has as one of its functions the adjustment of opposing tendencies into a harmonious pattern. If the ego makes a concession to an instinctual urge, it must comply with new demands for atonement; if it has atoned, the atonement was nevertheless unavailing for the instinct continues to exert its influence—indeed, on the principle of the "corruptibility of the super-ego", the ego can use every act of atonement as a license to engage in more transgression.¹

Alexander's exposition, which undoubtedly does justice to the facts descriptively, is explained if one takes into account the economic relationships discussed by Radó in regard to "idealization"; that is, the circumstance that the ego gains so much narcissistic pleasure by previously fulfilling an ideal ("the satisfaction of the super-ego"), that, in the exhilaration that comes with the gratification, it temporarily suspends its function of censoring the instincts.²

One could give the following most general formulation of obsessive doubt: shall I accede to the instinct or shall I castrate myself? shall I follow the dictates of the id or of the super-ego? As is well known, severe compulsion neuroses may terminate in states resembling psychoses, in which the conscious ego is eliminated completely as an effective agent and, in the so-called "paralysis of the will", becomes a football for the opposed impulses of the id and the super-ego. In our discussion of hysteria, we gave an account of how the ego, in its secondary defenses against the symptom, becomes inconsistent in its attitude towards the symptoms which are already present, sometimes trying to repress them because they are offshoots of the originally repressed instinct, at other times trying to recon-

¹ See Alexander: *op. cit.*; and Reik, Theodor: *Geständniszwang u. Strafbedürfnis*. Int. Psa. Verlag, 1925.

² Radó, Sándor: *Eine ängstliche Mutter*. Int. Ztschr. f. Psa. XII, 1927. (Trans. in Int. J. Ps.-A. IX.) See also the chapter on "Character Disorders".

cile itself to them or (secondary gain) to put them to as much use as it can. It will now be quite evident that this inconsistent behavior is even more prominent in the compulsion neurosis. The subsequent defense against a compulsion or obsession that has been produced takes place on the regressively debased magical compulsive level—as we see, for instance, in the “defense formulæ” used against compulsions of which we shall say more later. The symptoms may be brought into relation with the ego by means of permanent reaction formations, which may give rise to great secondary narcissistic satisfaction (for example, a sense of being exceptionally good, noble, or intelligent), and which often are the resistances most difficult to overcome in the analysis of compulsion neuroses.

That submission to the demands of the super-ego by the ego at first gives rise to pain, seems so evident that there is little to say. But more obscure is the answer to the question, why the ego should be so accessible to this pain—indeed, why in many cases it seems to seek it, giving the impression of a perversion. This type of readiness on the part of the ego to take upon itself all the punishments, expiations, and tortures demanded of it by the super-ego—this type of “moral masochism”—appears to be a complement to the “sadism of the super-ego” referred to above.¹ It draws its energy from two different sources, which in practice are difficult of differentiation. Sometimes, if its demands are not complied with, the super-ego may inflict an even greater pain on the ego. The internal tension through which the super-ego’s demand is recognized, and which need not be conscious—whether it be called fear of the super-ego, sense of guilt, remorse, or need for punishment—must be one motive for the ego’s submission to the pain. (The same holds true for a hysterical suffering from symptoms with punitive meaning. But since the compulsion neurosis replaces a feared external object by a feared super-ego, this mechanism plays a more important part; the ego’s

¹ Freud: *Das ökonomische Problem des Masochismus*. Ges. Schr. V, 386. (Trans. in *Coll. Papers* II, 267.)

hope to obtain freedom for the instincts through the assumption of pain, based on the "corruptibility of the super-ego", also contributes at this point.) The second motive is truly masochistic in nature. We have given an explanation for the fact that a bisexual constitution is a precondition, or at least an accessory manifestation, of every compulsion neurosis. In its regressively debased form, the feminine sexual wish of men to cohabit as a woman with the father, appears as a wish to be beaten or tortured by him. In all cases of compulsion neurosis, the gratification of this wish is sought narcissistically in relation to the super-ego. We also spoke of the fact that all of the ambivalence which originally appertained to the father is reflected in the relation with the super-ego (for example, in the absurdities of obsessive doubt). The passive feminine attitude is part of the ambivalence. Consequently "moral masochists" suffering from the blows of fate—from blows which the father, now fate, gives them—obtain real sexual pleasure. Here, in the words of Freud, morality has been much "sexualized". Morality, which arose from the oedipus complex, has regressed and is once again oedipus complex.¹

The motivation first mentioned, that is, the ego's unusual unconscious obedience to the super-ego without a concurrent feminine masochistic submission, necessitates a brief discussion into the matter of terminology. Freud originally used the expressions "unconscious sense of guilt" and "need for punishment" as synonyms, both indicating an anxiety referred to its topographical place: the ego's fear of the super-ego.² He has recently proposed that they be differentiated: "The sense of guilt", he writes, ". . . is the ego's part in the perception that it is watched [by the super-ego], the ego's appreciation of the tension between its strivings and the standards of the

¹ Freud: *Das ökonomische Problem des Masochismus*. Ges. Schr. V, 385. (Trans. in *Coll. Papers* II, 266.)—For a more detailed discussion of the relation of compulsion neurosis to masochism, see the chapter on "Perversions" in this *Outline*.

² Freud: *Das ökonomische Problem des Masochismus*. Ges. Schr. V, 382. (Trans. in *Coll. Papers* II, 263.)

super-ego; and the anxiety that lies behind all these relations, the dread of that critical institution." We naturally concur in this excellent definition. The "need for punishment", however, "is an instinctual manifestation on the part of the ego which has become masochistic under the influence of the sadistic super-ego".¹ Freud, in other words, wishes to exclude the "need for punishment" from the first motivation, as we have stated it, and wishes to let it coincide with the impulse to moral masochism. Yet it seems an assured fact that an ego may seek to be punished because of a "sense of guilt" alone, without a concurrent erotic factor; this behavior appears to be of particular importance in determining the behavior of compulsion neurotics. At any event, the punishments sought out are frequently in the nature of prophylactic measures: I submit to this or that in order to avoid something worse; I suffer financial or other losses to keep my penis.

Radó considers the manifestations of the conscience as those of an instinct—the most recent instinct phylogenetically—which arises through the introjection of external compulsion, and whose genesis we can witness at the present date.² He wishes to regard demands made by the conscience as if they were instinctual demands, which, according to Freud, are all precipitates of what once upon a time was an external necessity.³ This thesis has a number of corollaries: According to the definition given above, and in harmony with this theory, the sense of guilt would be the instinctual excitation of the conscience instinct; the "need for punishment" would obviously represent a specific attempt on the part of the ego to rid itself of this instinctual excitation—one purpose of an instinctual activity, of which there may be several—quite independently of any fusion or non-fusion of the "conscience instinct" with a passive

¹ Freud: *Das Unbehagen in der Kultur*. Int. Psa. Verlag, 1930. P. 121. (Trans. by Riviere, p. 127.)

² Radó, Sándor: *Die psychischen Wirkungen der Rauschgifte*. Int. Ztschr. f. Psa. XII, 1926. (Trans. in Int. J. Ps-A. VII.)

³ Freud: *Trieben u. Triebschicksale*. Ges. Schr. V. (Trans. in Coll. Papers IV.)

erotic instinct. Punishment is a means of dispelling the sense of guilt, but surely not the only one—probably not even the original one—for we know that at one time in place of conscience there was external pressure, and in place of a fear of conscience a fear of castration or of the withdrawal of love. How is it that punishment came to be a suitable means of dispelling anxiety? Because of the experience that after punishment all “naughtiness” was cancelled, and the parents no longer withheld their love. The punishment was not desired for itself but was accepted as a means of reinstatement in the affections of the parents, a position lost because of the transgression.¹ If there were some other feasible method of recapturing this lost affection without suffering punishment, the child would naturally much prefer it. Therefore the real objective is *forgiveness*, and punishment is only one among other means towards this end. The “need for punishment” is coördinate with, or subordinate to, a “need for absolution”.

In one patient the act of masturbation was followed by obsessive scruples and hypochondriacal symptoms. Analysis showed that the diseases which he dreaded represented castration. The patient's bad state of mind had to be considered as a self-punitive manifestation, and its production as a sign of his need for punishment. One day this patient invented a method by means of which he could completely dispense with his hypochondriasis and scruples. Whenever he masturbated, he would go to a physician, who would make a physical examination and assure him that he was in good condition. Analysis showed that the physician represented the castrator, and his assurance that the patient was well, the renunciation of his right to castrate. Therefore, the voluntary visit to the physician represented the patient's submission to his parents or the super-ego; the declaration of his good health, an absolution. This absolution put an end to his bad conscience and obviated the necessity of using any other means of attaining his objective—in particular, he no longer needed to punish himself. This need was superfluous, for the new method of appeasing his conscience had taken its place.

Although it is well known that hypochondriasis does not respond very much to encouragement or explanations, there are nevertheless occasional patients who obtain a certain amount of relief for a time from a physician's reassurance,

¹Radó, Sándor: *Das Problem der Melancholie*. Int. Ztschr. f. Psa. XIII, 1927. (Trans. in Int. J. Ps-A. IX.)

until new symptoms arise, which may again be dispelled by new reassurance. It is obvious that what these patients get from the physician is an absolution, which relieves them of their need for self-punitive hypochondriasis, until an increase in pressure in their conscience calls for new self-inflicted punishment—avertable through a new absolution. An “absolution” system of this sort, like any self-punitive system, can obviously become secondarily sexualized. The physical examination, for example, can come to represent a homosexual act. To obtain “absolution”, that is, to depend on the assurances of other persons’ constant backing to maintain one’s self-esteem, determines the character of many a compulsive patient’s entire social behavior. As “criminals through a sense of guilt” gain relief by displacing a preexistent sense of guilt on to a secondary objective matter, so compulsion neurotics or depressed patients burdened by a sense of guilt feel relieved when they find that other persons do not regard their guilt so gravely as they do themselves. By this process, the fear of the super-ego is changed back into a type of social fear. This “retro-projection” of the super-ego into reality, from which it was originally introjected, may be found to a greater extent among persons with a paranoid disorder or paranoid character, for their relationship with the outside world is determined by social fear rather than by love or hate, and this mechanism is predominantly paranoid; typically, compulsion neurotics suffering from a sense of guilt are convinced that their sense of guilt is without foundation. Nevertheless, the analysis of compulsion neurotics frequently shows that their social anxiety, which was intended to ease them of their onerous sense of guilt, makes them more dependent for their self-esteem on the reaction of their environment than they suppose, or than they are willing to admit. The feminine sexualization of the process naturally plays a great rôle in this connection. Not infrequently unconscious social anxiety is a cover for a deeper layer of unconscious homosexuality. And it must not be ignored that a person whose unconscious is filled with aggression towards the outside

world has every reason to fear this world. The more "internalized" and genuine the compulsion neurosis, the less possible it is to allay the demands of conscience through external measures.¹

The compulsion neurotic's intense fear of his super-ego drives him more and more into a fruitless conflict with his infantile instincts. Analysis reveals that this anxiety is derived from castration fear. The patient fears that his super-ego will do that which, in childhood, he feared his father might do. Since the small child's deepest and most primitive dread is the dread of being deserted by the adults of his family and household, the patient fears that he may similarly be left in the lurch by his super-ego and no longer loved. In our discussion of the organ neuroses, we presented a case which demonstrated this fear in a most extreme fashion, and we commented on its operation in the traumatic neuroses. The question then arises: if this anxiety, or the real occurrence of that which is feared, is the chief factor in suicide, why is suicide so rare a phenomenon in the compulsion neurosis? Freud has given the following answer: in compulsion neuroses, in contrast to the depressions, the total libido of the individual is not concentrated on the conflict between the ego and the super-ego, and a large part of the relationship to objects—perhaps just because of the aggressive character of this relationship—is preserved and protects the individual from going completely to ruin in this narcissistic anxiety.² This anxiety nevertheless surely causes compulsion neurotics to suffer a great deal. The patients enter an ever-growing circle: remorse, penance, new transgressions, new penance—until they lose all capacity for spontaneous voluntary action. With this, the compulsion neurosis progressively tends to develop more and more displacements, to extend the range of its symptomatology (analogous to the "phobic façade"), and finally to obtain an increasingly evident gratifica-

¹ For more details concerning social anxiety, see the chapter on "Character Disorders".

² Freud: *Das Ich und das Es.* Ges. Schr. VI, 399. (Trans. by Riviere, p. 78.)

tion and concomitantly less punishment from the symptoms. To be sure, not every compulsion neurosis takes this portentous course; like a phobia, a compulsion neurosis may come to a standstill at a definite stage in this progression. When it does, it is because of certain special economic constellations—what these are may be determined by analysis, for each individual case separately.

Many features of the altered mentation and character of compulsion neurotics have already been discussed in these pages. The most striking feature, the quality of compulsion, is a symptom of the remarkable cleavage in the psyche of the compulsion neurotic, of which we shall have more to say. In hysteria, the ego is, so to speak, stormed; the motor apparatus is made to function, but the ego is unaware of its own participation in the activity. Again, in actions based on delusional antecedents, the ego is so much involved by the morbid process that, although its control of motility appears to be unaltered, it nevertheless uses all its power to make the motor apparatus function in unadapted activity. In the perverse and in instinct-ridden personalities, the ego seems to be bribed to abet an—objectively considered—unadapted motive. In the phenomenon of compulsion, the situation is different. The ego's control over motility is not impeded or weakened as in hysteria, nor are its judgments in regard to what is objective distorted as in delusional states. Compulsive patients subjectively do not feel that the execution of a compulsion is something impressed upon them from without, nor yet, that it is something that they essentially wish to do, and like the perverse, ultimately resolve to give in to; their feeling is midway between these sentiments. The ego, the conscious part of their personality, performs actions which it does not will. It is as though the ego were compelled to exert volition by some more powerful agency. We have here the same cleavage referred to previously in discussing the "superstition" of compulsion neurotics, where we found that the patients consult "oracles", make bets with God, perform magic by means of words and

gestures, fear the magical effect on their own body of the words of others, believe in ghosts, demons, and other supernatural creatures—and yet for all that are intelligent persons completely aware of the absurdity of all this. This inconsistency is not at all adequately formulated by the statement that compulsion neurotics are consciously enlightened but that unconsciously they utilize animistic magical forms of thought. For, in part, they are conscious of their animistic magical thinking: they will say that they have to think something which they do not believe and that they have to act in accord with the thought. Therefore, it may be said that one part of the compulsion neurotics' ego is involved by the illness and regresses to the animistic magical type of pre-logical thinking, and that another part, insulated from the part affected, remains intact. It is due to the "regressed" part of the ego that the secondary defenses employed against existent obsessions and compulsions are not rational but are themselves compulsive—as when compulsions are exorcised by magical formulæ.

If one succeeds in directing a compulsive patient's attention to the less conspicuous processes which accompany his thinking and speech, one will be surprised to learn how much the mind of even "mild" cases is filled with all types of re-distorted little magical ideas which are difficult to reproduce, and with fragments of ideas and impulses, all making use of the "omnipotence of thought". Some of these represent gratifications, others ascetic trends or atonements. Most of them probably represent both at one and the same time.¹

This partial degradation of thinking to archaic forms is overcompensated by a marked emphasis of the intellect and the world of abstract conceptions, that is to say, an emphasis on the thinking function of the remainder of the ego. Since "isolation" is the most typical defense mechanism of the compulsion neurosis, and since affects and feelings are isolated from the ideas appropriate to them, it will not be surprising to learn that most compulsion neurotics are "affectively empty" personalities, like those discussed in the section on "Inhibitions". Many of them have retreated from the world of feeling

¹ Tausk, Viktor: *Über eine besondere Form von Zwangphantasien.* Int. Ztschr. f. Psa. IV, 1916.

into the world of concepts—indeed, even farther, into the world of words. These fields—of concepts and words and, in addition, the field of ethics—are then highly developed by way of compensation.

However, in the compulsion neurosis the instinct always comes into play at the place where the defense was instituted; it does so in this instance also. The instinct invades the field of the intellectual and thought functions, which then becomes the arena of an intense conflict. Compulsion neurotics wish to flee from their instinctual conflicts into the world of abstractions and words. The instincts invade and occupy this world, too, and it takes on a curious quality—it becomes endowed with a many-sidedness which, in healthy persons, belongs neither to the instincts nor to thought. "Hypercathectis" or sexualization of thinking is the mechanism which explains most of the peculiarities of thinking in the compulsion neurosis. Another feature described previously also becomes clear in the light of these considerations—viz., that the secondary defensive conflict against the compulsion and obsession itself has a compulsive form. The rejected has again invaded the defense; in the formulæ applied to combat the symptom, both instinct and defense have an equal share. In the mechanism of "displacement to the very small", we became acquainted with a characteristic compulsive trait—from which we have an indication that a compulsion or obsession can be made intelligible only by its historical reduction to the appropriate corresponding "big" thing. The displacement of psychic weight from one or many impulses to the appropriate idea, then to an abstraction or a word—the replacement of instinctual conflicts by abstract or verbal problems—is the most important special case of "displacement to the very small". This mechanism is the basis for obsessive hair-splitting. As a therapeutic corollary, we see that we should never enter into a discussion of philosophic problems with obsessive hair-splitters; for when they think and speak of philosophic topics, they are really referring to something else, and it is this "something else" that is of importance in our therapy.

If the cleavages and contradictions that permeate the instinctual life of compulsion neurotics are displaced to the sexualized intellectual problems which give rise to obsessive hair-splitting, the result will be "obsessive doubt" (*Zweifelsucht, folie de doute*). Doubt is the instinctual conflict displaced to the intellectual field. Since the defense mechanism, isolation, which in the compulsion neurosis retains completely its original function of suppressing offensive infantile instinctual urges, is—by a transmutation of function—a prerequisite of normal thinking, obsessional thinking—and particularly obsessive doubt—are amusingly like a caricature of normal thinking and the scientific scepticism of the research worker. The true contents of the obsessive doubt may be as manifold as the conflicts which originally give rise to a compulsion neurosis. Yet, with a certain degree of justification, these manifold conflicts can be reduced to a general formula: they are conflicts of masculinity versus femininity (bisexuality), of love versus hate (ambivalence), and especially, pathognomically, of id (instinctual demands) versus super-ego (demands of conscience). Since with equal justification, we can assert that these same conflicts lie at the root of obsessive doubt, the obsessive doubter, no matter how specialized the form of his doubts, in the final analysis is always expressing one of three: whether to adopt a male or a female attitude, whether to love or to hate, and whether to be "good" or "bad".

Bisexuality and ambivalence, as we have seen, are the consequences (and determinants) of the fateful regression to pre-genital levels of libidinal organization. A dream, for example, in which the dreamer is called upon to make a choice between a toy trumpet and a toy whistle—in which the trumpet is a symbol of the anus and femininity, and the whistle a symbol of the penis—is a representative of a type of dream that is not rare in the compulsion neurosis.

The dreaded terminal states of "paralysis of the will" are extreme forms of the doubting obsession. A patient, who hesitated between coming to his analytic appointment and visiting a woman who lived in the opposite direction, rode on the

subway literally one hour from one particular station to the next one and then back to the first.

The tremendous feats of isolation which some compulsion neurotics succeed in accomplishing are attempts at defense against doubts. These isolations make the whole life of these patients a provisional period, for the patients suspend all decisions and defer execution till "later on", and never get to anything because of endless preparation for it. The "new life" which they hope to lead some day, frequently, on analysis, turns out to be based unconsciously on the death of their parents—and is, therefore, related to their intensified ambivalence. If the parents really die, the patients are still unable to come to any decision (because of their sense of guilt), because the id for a long while has been struggling, not with a real father threatening real castration, but with the introjected super-ego.

When they are in a state of acute doubt, many compulsion neurotics resort to masturbation, frequently masturbation unaccompanied by any phantasy. As we have said, compulsive masturbation precipitated in this way presents two features: it is an inadequate attempt to discharge, genitally, conflicts which are no longer genital in nature—for example, conflicts of conscience—in order to reduce tension; and it is a forcing through, against resistance, of the instinct originally combated by the compulsion or obsession, often, to use a mathematical figure of speech, with a change in sign—so that it no longer brings gratification but self-punishment or self-destruction instead. The conception of a "damming of the libido" helps explain states of this kind.

Related to obsessive doubt is the phenomenon which Gruber has designated "neurotic typing",¹ a tendency in certain compulsion neurotics to make false generalizations, to classify too hastily all ideas into certain mutually exclusive categories, and then get into a state of doubt concerning the nature and eval-

¹ Gruber, Gustav H.: *Über neurotische Typisierung*. Paper read before the German Psa. Society, 1930.

ation of the categories. It is often easy to see at a glance, that the logical fallacy consists in the isolation of ideas which belong together.

Thus, a compulsion neurotic who played chess occupied himself for hours with the obsessive doubt, whether to use more "strategy" or more "tactics"; naturally he thought of this only in the abstract, and not in any way in relation to a concrete situation in the game. This doubt was based on the unconscious doubt as to whether he should defeat his opponent or let his opponent defeat him—whether he should assume a male or a female attitude.

In this caricature of conceptual logical thinking it is easy to recognize that the anal erotic tendency to systematization depends on a continuous utilization of the defensive mechanism, isolation. Compulsion neurotics cannot associate freely because they must always be on guard to prevent those things which originally belonged together from again making contact: they cannot "perceive freely" and have to stick what they perceive into categories. They are driven to this by fear of the danger which might arise should the instinct break through—fear, after internalization, of the world within (for thoughts already put into categories have been grasped, so to say, by the ego and rendered innocuous); and fear of castration from without—for "typed" human beings seem less menacing than those who give no premonition of what they will do or say.

The sexualization of speech and language which goes along with the sexualization of thinking is best seen in compulsive "defensive formulæ". In these, words have completely recaptured their original magical quality. The relation of this phenomenon to the incantations of primitive peoples has often been the subject of discussion.

In dreams, absurdity signifies a mocking and malicious intention of the dreamer. Similarly, the crass absurdity of many of the pseudo-problems which are the subjects for obsessive hair-splitting and doubt indicates a malicious and mocking attitude on the part of the patients to their own super-ego—often, during analysis, to their analyst; ultimately, it indicates a hostile attitude to the father.

A patient who worried obsessively that the analyst might die during one of his sessions was, in consequence, compelled to turn and look at the analyst, at the same time repeating the reassuring formula: "The doctor is sitting there alive and detached." By "detached" he meant "preserved from contact by taboo".

From the way in which compulsion neurotics use thoughts and words, assuming that this represents a regression, one can retrospectively deduce the original magical significance of thoughts and words. In the unconscious of compulsion neurotics, words can kill and they can bring to life; they can perform miracles and make time turn backwards. By the mere verbal statement, the compulsion neurotic's unconscious believes that it can coerce reality into pursuing the course stated. Ferenczi pointed out that faith in the magical efficacy of words begins in the period in which the small child is learning to speak—the "period of the omnipotence of words"—and is preserved in the case of obscene words, which cause the speaker and the hearer to experience the things referred to as if immediately perceived. The embarrassed reticence which prevents the utterance of obscene words is a defense against a specific impulse to say them; this impulse, which may appear independently as a perversion (coprolalia), is a common finding in the compulsion neurosis and unconsciously has the meaning of magically compelling the hearer to have a sexual experience.¹ The sadistic element in this manifestation is obvious, as is the fact that the anal words bring anal pleasure, and that the speaking itself brings an oral libidinal gain. Coprolalia is, therefore, a matter of "regressed libido" and is appropriately present in the compulsion neurosis.

A marked pleasure in reading pornographic literature is also determined by the hallucinatory force resident in obscene words—that is, their magical power. The connection of words with anal eroticism is seen, for example, in a common compulsion—namely, to read while sitting on the toilet; analysis shows that a "passion for reading" also contains oral elements, the words "taken in" by reading being unconsciously equated

¹ Ferenczi, Sándor: *Über obszöne Worte*. Zntrbl. f. Psa. I, 1911. (Trans. by Jones in *Contributions to Ps-A*. Boston, 1916.)

with food.¹ Here the sadistic motive is apparently absent; yet readers of pornographic literature are the very persons who frequently imagine that an "innocent" hearer is present.² As is well known, the magical way of thinking was the first in which Freud demonstrated a "similarity in the mental life of savages and neurotics".³ It is based on augmented narcissism, which comes to light in the compulsion neurosis as a belief in the "omnipotence of thought".

A patient obtained much pleasure from playing with a little paper bouquet which, when shaken, changed its form somewhat like a kaleidoscope. His analysis showed that he was "playing God", magically creating new worlds. Another patient, whose analysis had sharpened his faculty for self-observation, found himself thinking how queer it was that he had to open a door in order to pass through it. He actually expected that his wish would be sufficient to make the door open by itself. The standpoint of the upper levels of the ego alone differentiates a belief in omnipotence of this kind from a delusion of grandeur.

Correlated with the narcissistically rooted "omnipotence of thought" is the possibility of "wishing away" an undesired piece of reality—the curious ability to deny reality, at least in part, when reality is opposed to instinctual wishes. In its most complete development, a loss of the capacity for testing reality is a characteristic feature of a psychosis, in which hallucinations and delusions indicate where the breach was made with the external world of reality. The "turning away from reality" which characterizes a neurosis is, as we have learned, introversion—a turning away from real objects and a turning to objects of phantasy which are the representatives of infantile objects—and not a true cessation of object cathexes. But in this respect, the compulsion neurosis, thanks to its "omnipotence of thought", stands a pace nearer the field of the psychoses than does hysteria. As a part of the personality resorts to the world of magical thought, while the upper part of the ego (in contradistinction to the psychosis) preserves its critical faculty, so a

¹ For more detailed discussion of this topic, see the chapter on "Character Disorders".

² In lyric poetry, too, language possesses a magical power that incites subjective states related to a hallucinatory experience.

³ Freud: *Totem und Tabu*. Ges. Schr. X. (Trans. Brill.)

deeper part of the ego, in accordance with the omnipotence of thought, may repudiate and alter reality while the conscious personality at the same time really knows what is true and what is false.

Because of his "obsession for neatness", a patient with geographical obsessions was troubled by the artificial boundaries between certain countries. It was his wish that there should only be countries which are at the same time geographical units. Therefore, he referred to the whole Iberian peninsula as Spain, ignoring the existence of Portugal. One day he was introduced to a foreigner. The patient asked him what his nationality was. The man said "Portuguese". The patient's reaction to this statement he described in these words: "I thought to myself: he is Spanish; he says, 'Portuguese'."

It is well known that children who have been convinced by reality of the lack of justification for their belief in their own omnipotence continue, as long as they can, to believe that grown-ups at least are omnipotent.

A woman patient had been convinced that adults were omnipotent because they had the power to watch her when, as a child, she was resisting an impulse to defæcate.

Many traces of this idea persist in the compulsion neurotic. Later, the quality of omnipotence is displaced from the parents to God, and this latest omnipotent parental figure is, as we know, the focus of severe ambivalent conflicts in the compulsion neurosis. There is hardly a single compulsion neurosis without "religious" symptoms—for example, obsessive conflicts between faith and impulses to blaspheme—often in the very persons who are consciously the most pious. As the psychoanalytic study of religion shows, a religious person, like a compulsion neurotic, also veers between submission to a paternal figure and rebellion; and both submission and rebellion are sexualized. Despite the points of agreement between a religious person and a compulsion neurotic, as brought out by Freud¹ and Reik,² there are as many important differences

¹ Freud: *Zwangshandlungen und Religionsübungen*. Ges. Schr. X. (Trans. in *Coll. Papers II*.)

² Reik, Theodor: *Das Ritual. Der eigene und der fremde Gott. Endphasen des religiösen und des zwangsneurotischen Glaubens*. Imago XVI, 1930, and

between them as there are between a compulsion or obsession and a religious rite. Indeed, the psychology of religion, as a field of study, is a totally different subject from the psychology of the religious.

Freud called our attention to the fact that faith in the omnipotence of thought—in the power over the outside world of the subject's own love and hate—corresponds to a thing which does exist in compulsion neurotics. Their thoughts, to be sure, have no such external efficacy as they imagine, but within themselves their thoughts are really all-powerful—for they made the neurosis. Compulsion neurotics really underestimate this internal power of thought as much as they overestimate its external force.¹ It is not surprising that the super-ego of compulsion neurotics holds them no less responsible for these thoughts, ideas and words—which are regarded as so powerful—than for actions. It is this which Freud refers to in the phrase, "by a sort of regression thinking replaces acting".²

The sexualization of the function of thought seems to be correlated with the fact that the compulsion neurosis typically originates in the period of latency. For this period is the age at which, in normal persons as well, the libido is deflected from its original aims into sublimations, and it is also the age when the intellectual faculties are developing. The sexualization of thinking is also correlated with the finding that the libido which is combated in the compulsion neurosis has returned to the anal sadistic level; and that the libido used, even in normal thinking, but especially in pathological thinking, appears to be anal in character. This circumstance was referred to in the discussion of "intellectual inhibitions" and was also mentioned in connection with coprolalia and pornography. The uncon-

other papers. (See *Ritual: Psychoanalytic Studies*, trans. by Douglas Bryan. New York: W. W. Norton. 1931.)

¹ Freud: *Bemerkungen über einen Fall von Zwangsneurose*. Ges. Schr. VIII, 339. (Trans. in *Coll. Papers III*, 370.)

² Freud: *ibid*, 347 ff. (Trans. *ibid*, 379.)

scious equation of thoughts—the contents of the “head”—with faeces—the contents of the intestines—which seems so incredible to those without psychoanalytic experience, is actually an everyday analytic finding. For example, during a therapeutic analysis, compulsion neurotics constantly equate, unconsciously, the production or non-production of associations with the production or non-production of faeces. Analysis can, of course, show that gross manifestations, such as holding back words or letting them spurt out, depend on this equation; but it can also demonstrate that details in the manner of speaking and thinking of a much more delicate fabric are often repetitions of corresponding details in infantile stool habits. The phantasies of omnipotence which, as we have seen, are connected with the thoughts and words of compulsion neurotics are, as Abraham proved, repetitions of the infantile narcissistic overestimation of the excrementitious functions¹—a finding which will doubtless be given application in researches on the phylogeny of language. Organ-neurotic manifestations in the head and vocal organs are found on analysis to be similarly dependent on anal eroticism and its various forms of manifestation. Particularly, the unconscious equation of speech and breathing (in connection with speech) with anal function, and the importance of this associative connection in the psychology of the neuroses has often been commented upon. This finding is not inconsistent with the fact that speech is often a symbol for the phallus and the ability to speak a sign for potency. (Jones,² Flügel.³) We must merely recall that elsewhere, too, both anal and phallic trends entered into the determination of obsessions and compulsions—a fact explained by the assumption that a regression took place. Later, we shall see that a similar relationship with anal eroticism is a characteristic finding in neuroses like stuttering and bronchial asthma—neuroses

¹ Abraham, Karl: *Zur narzisstischen Bewertung der Exkretionsfunktionen in Traum und Neurose*. Int. Ztschr. f. Psa. VI, 1920. (Trans. in *Selected Papers*.)

² Jones, Ernest: *Essays in Applied Psycho-Analysis*. Int. Ps-A. Press, 1923.

³ Flügel, J. C.: *A Note on the Phallic Significance of the Tongue*. Int. J. Ps-A. VI, 1925.

involving speech and breathing—and also in organ neuroses of the head, like migraine. It may be that the connection between epilepsy (which we designated a "cerebral organ neurosis") and sadism—a connection as yet inadequately studied—belongs in the same chapter. The fact that the growth of the intellect takes place at the same time as the construction of the reaction formations against anal eroticism is of importance in establishing this connection. Of importance, too, in this situation is the physiological relation between the blood volume of the head and that of the abdominal organs.

To give one example (which could easily be multiplied) of anal erotic perception of cephalic processes, let us cite the case of a patient, whose symptoms were mostly obsessive and compulsive, and who suffered from chronic headache. He referred to this symptom by saying, "My nerves are hurting me". Nerves, he imagined, are small white or pinkish thread-like structures—an idea due to one of his visits to the dentist, where he saw the "nerve" of a tooth. He once dreamt of the "vagus nerve"—the nerve which "wanders". He referred to a white thread which pushed its way into his head from below, wandered about in it, and set up an irritation. The model for this idea came from his infancy, and proved to be threadworms, which were producing as many head symptoms now as they had produced anal symptoms when he was a child.

The sexualization of thinking and its corollary manifestations—on the one hand, omnipotence of thought, magic, and cathexis of word-representations; and on the other, retreat into the world of concepts and words, and the tendency to split hairs and to doubt—are not the only alterations in personality which—in addition to symptoms—characterize compulsion neurotic individuals. We have mentioned the alteration in the character brought about by reaction formations, and we must now repeat what we have said in the interest of systematic presentation. Concerning the reaction formations, we know, in the first place, that they are hardly ever completely successful, so that the mind of the compulsive patient is occupied by an eternal combat between instinct and reaction formation; secondly, that the reaction formations which are part of the character are the very ones which tend to supply great narcissistic gratification, and oppose or increase the difficulty of the psychoanalytic treatment of the compulsion neurosis.

The character alterations referred to coincide with the traits of the so-called anal character, which has been excellently described in the literature.¹ Because of its practical importance, one trait deserves special attention: the remarkable irrational relationship in all compulsion neurotics toward money and time. The relationship between time and anal eroticism, which is not always easy to grasp, has been discussed at length by Hárnik² and need not be reviewed here. In the compulsion neurosis, the essential point is that the patient's relation to time, like his relation to money, has become the arena of the severest instinctual conflicts and of the defense against them, and that the connection originates from the regression. That is to say, it is due to the anal erotic nature of the instinctual urges in the compulsion neurosis, and the irrationality—overpunctuality and lack of punctuality—is a factor which adds to the practical difficulty of the analytical treatment of a compulsion neurosis. One often follows a false lead if one looks too closely for hidden object libidinal conflicts in this irrational behavior. To a large extent it represents a form of auto-erotism. Many compulsion neurotics are always tardy, not because they want to irritate the person who is awaiting them, but because the maximal suspension of activity gives them the same auto-erotic tension and pleasure which, as children, they enjoyed while retaining their faeces.³

Let us now consider what was accomplished by the comparison which we drew between hysteria and the compulsion neurosis—a task we promised to undertake at the beginning of this chapter—and to what extent we were able to explain the differences between the two neuroses.

¹ Freud: *Charakter und Analerotik*. Ges. Schr. V. (Trans. in *Coll. Papers* II.) *Über Triebumsetzungen, insbesondere der Analerotik*. Ges. Schr. V. (Trans. in *Coll. Papers* II.) Jones, Ernest: *Anal-Erotic Character Traits*. Chap. 40 of *Papers on Ps-A*. New York: W. Wood and Co. Abraham, Karl: *Psycho-analytische Studien zur Charakterbildung*. Int. Psa. Verlag, 1924. (Trans. in *Selected Papers*.)

² Hárnik, Eugen J.: *Die triebhaft-affektiven Momente im Zeitgefühl*. Imago XI, 1925.

³ For further discussion of this topic, see the chapter on "Character".

Regression to the anal sadistic level of libidinal organization, the defense mechanism which is characteristic of the compulsion neurosis, proved to be the point of divergence which could be used to explain these differences. The inconsistency that the suppressed impulses in the compulsion neurosis are composed of the phallic tendencies associated with the oedipus complex and at the same time are anal sadistic in nature, is to be explained by the fact that the defense is at first directed against the phallic oedipus complex and replaces the latter by anal sadism; and that the defense is continued, then, against the anal sadistic impulses—and this is the conflict that really leads to the formation of a compulsion neurosis. Obviously, modes of defense which play no part in hysteria—where the defense is directed against oedipal strivings which remain genital in quality—are used against the anal sadistic strivings; in addition to repression, there are: reaction formation, isolation, undoing, and flight into the world of concepts and words (which is really a special case of isolation). This will explain the difference in the scope of consciousness in the two neuroses and the partial emergence into consciousness of pathogenic impulses in the compulsion neurosis. Correlated with the factor of regression is the relatively late onset of the compulsion neurosis, which, because the father who threatens castration has meanwhile been introjected as the super-ego, in turn explains the differences of "internalization", the predominant significance of the super-ego, and associated with this the relative predominance of punitive and expiatory symptoms over gratification symptoms. Furthermore, regression and "internalization" are responsible for the peculiar severity of the super-ego, since the libidinal cathexis of the super-ego could not escape the regressive pull to sadism. The fact that, aside from the production of symptoms, the illness affects the personality of the patient to an extent much greater than in hysteria—sexualization of thinking, doubt and hair-splitting, reaction formations in the character—can also be related to the fundamental phenomenon of regression. It is not to be denied

that our psychoanalytic understanding of the compulsion neurosis is not as complete as that of hysteria and that many essential problems still remain unsolved. Nevertheless, there is much that is understood already, and the path of investigation to that which is not understood has been opened. At any rate, the compulsion neurosis is a field in which the non-analytic psychologist is totally helpless and devoid of comprehension.

As to the analytic therapy of the compulsion neurosis, we may say that the compulsion neurosis is regarded as the second basic type of the so-called "transference neuroses"—and, generally speaking, it is the second great field in which psychoanalysis is indicated. Nevertheless, the simplest consideration of the compulsive and obsessive mechanisms will show how much more difficult the analysis of this type must be than the analysis of a case of hysteria. The difficulties are so great that, in severe cases where there is a history of a development through many years, we should be very cautious about making any promise of a speedy cure. We must often be content with improvement. It is an open question whether cases of so-called "terminal states" with paralysis of the will are at all amenable to analysis.

What is the nature of the difficulties referred to above? In making a prognosis in any individual case, it is necessary to be quite clear as to what these difficulties may be.

No less than five of the points in which the compulsion neurosis differs from hysteria are also the ones which complicate the analysis of a compulsion neurosis.

1. The compulsion neurosis is a transference neurosis—but what is it that is transferred? The instinctual life has been completely or in part thrown back to the anal sadistic level. When it develops an intensive object relationship, the relationship has a sadistic cast and contains elements of hostility to the object. Associated with this archaic orientation of the libido, there is, as we learned, an intensification of ambivalence and bisexuality. The analyst, therefore, is confronted

by feelings which are less kindred to him than in the case of hysterics with their stormy emotions of love and hate. The mixed feelings of compulsion neurotics in regard to the analyst will be exhibited by their rebellion against him and by their efforts to subject themselves sensually to him. In keeping with their ambivalence and bisexuality, every impulse will be accompanied in some way by its direct antithesis. In principle, the analyst has only the same instrument to cope with this transference, and the resistances to which it gives rise, as he has for the treatment of hysteria—namely, the interpretation of the transference. Because of the ambivalent behavior of the patient, this will be more difficult in regard to the contents—where the chief task is the correct quantitative estimation of the relative participation of the two components of the ambivalence—and in regard to the form, for one can not be completely sure that the patients will grasp the interpretation correctly; moreover the patients show a greater tendency to be absorbed completely by the transference situation, which adds to the difficulty of a detached working through of the interpretation.

2. Hysterics regard their symptoms as something totally alien to the ego. Their ego forms an alliance with the physician in the combat against the alien elements of the neurosis. This ideal working atmosphere is never present in the case of compulsion neurotics. Their ego is "split". The analyst can confidently depend on one part of the ego to assist him. But the remainder of the ego thinks magically and not logically, practically takes the side of the resistance, so that the analysis, for long stretches of time, in which this part of the personality has the upper hand, comes to resemble the analysis of a psychosis. Indeed, the cleavage makes the situation more disagreeable than if the patient had a psychosis; the conscious part of the personality is coöperative—but in the degree to which this part is "isolated" from the unconscious magical part, the best-comprehended interpretations remain ineffectual if the isolation is not broken up; and they can obviously

influence the patient, who fled from his feelings into the shadow-world of concepts and words, to produce instead of a cure, a change in symptoms; hence the patient may begin to split hairs using psychoanalytic terminology instead of philosophic terminology, and the analytic treatment instead of being a subjective experience will furnish him an opportunity to theorize on his illness. The analyst treating compulsion neurotics must be constantly on guard against this danger, and his main objective must be to lay emphasis on the value of living experience, and to bridge gaps created by the fateful process of isolation.

3. We learned, that in addition to the isolation of feeling from intellect, a particular type of counter-cathexis is especially characteristic of the compulsion neurosis, and that it makes compliance with the fundamental technical condition of analysis very difficult or totally impossible; we have in mind the continuous censorial attention which is directed to the person's self, which does not forsake the patient for one moment and compels him to continue the work of isolation unceasingly and flee from unsystematic true free association into substantial ideas that conform to reason. It is as though the patient, instead of giving voice to his subjective experiences during the analytic hour, presented the analyst with an incomplete table of contents or a list of the names of his experiences. Attempts to instruct the patient in regard to what is really required of him frequently serve as food for hair-splitting thought. Overconscientious through compensation, the patient wishes to do all that is required of him but he applies his industry in the wrong direction. To find a way to have patients learn what it feels like to "associate freely" and at the same time avoid holding theoretical discussions and furnishing them with material for hair-splitting, is perhaps the main technical task in the analysis of the compulsion neurosis.

4. The thinking and the speech of compulsion neurotics are sexualized. Thought and speech, however, are necessarily the instruments of psychoanalysis. The situation, in the case of

compulsion neurotics, therefore, is that they must be healed through the aid of functions which are themselves affected by the illness. A patient discovered a comparison which fits the case: he said that it was as if he had fallen into water with a towel in his hand, and that someone was now trying to dry him with this towel. The dilemma appears to have no solution. But in practice it has a solution nevertheless, for, to use the same comparison, there are a number of dry places on the towel. That is to say, in so far as the conscious personality of the patient—in contrast to the psychosis—can form a judgment of the irrationality of his general behavior, one can utilize this piece of intact ego to carry out the first bit of analysis, hoping that this will resuscitate another bit of analyzable ego. It may be for this reason that the terminal states, in which the intact ego has been eliminated, are analytically unapproachable.

5. "Secondary gain" was also found in hysteria. But there it was not so integrally bound up in the personality as, for instance, the narcissistic gain from the reaction formations in the character. Many analyses have failed because the analyst could not succeed in persuading the "good" compulsion neurotic that it would be to his advantage to be somewhat "corrupted" by the analysis. The analyst occasionally represents not only the patient's super-ego; for those persons who receive great narcissistic secondary gain in return for the suppression of their instincts by the super-ego, he may also represent a seducer, an agent of the dreaded id, against whom they fight as a matter of course.

All of these difficulties are not insuperable, but they must not be neglected. Because of them, every analysis of a compulsion neurosis is a difficult and time-consuming undertaking. To analyze a compulsion neurosis ordinarily takes very much more time than is required for a hysteria. There are, to be sure, acute compulsion neuroses, which arise because of external factors late in the life of a person hitherto completely well and which clear up relatively readily. But we have in mind

primarily those cases which an analyst is more accustomed to see, persons who have had a compulsion neurosis since their latency period. These are the cases which need the notorious "long" analyses. Yet it is fair to say that these long analyses and the great energy expended are often truly worth while, and that a complete cure has repeatedly been attained even in cases of very long standing.

In each particular case only the course which the analysis takes is capable of conveying an impression as to the relative importance of any one of the five complicating factors which were outlined above, and thus permits an assessment of the prognosis. Cases of short standing are the most amenable to analysis; those called "terminal states" and those forms which present transitions to schizophrenia are the least amenable. However, since other types of therapy are so fruitless in such cases, it is pertinent to advise that any compulsion neurosis, generally speaking, should at least try psychoanalysis, providing the external circumstances permit it.

Little is left to be said about what is called the "choice of neurosis". Regression to the anal sadistic level appeared to us to be the point of divergence for the development of a compulsion neurosis. Consequently, the reasons for developing this particular neurosis coincide with those which cause the oedipus complex to be combated by means of regression rather than by other means of defense. The reasons for this regression were given in detail in our discussion of regression.

MAURICE BEDEL'S "JEROME"— A STUDY OF CONTRASTING TYPES

BY J. C. FLÜGEL (LONDON)

About three years ago Maurice Bedel published a novel, which was awarded the Prix Goncourt and aroused considerable amusement and some indignation in at least two countries. It was translated into English and soon attained the respectability of the conventional but almost incredible publication figures that decorate the title pages of all French best sellers. The amusement and indignation, as also perhaps some other features of the novel's career, were due to the fact that, under a slight veneer of literary irony, it expounded, in trenchant but truthful fashion, two conflicting points of view—points of view so wide in outlook that they may fairly be called philosophies. These philosophies are moreover of no mere academic interest, but have on the contrary the liveliest practical importance, inasmuch as they distinguish the main underlying trends of the present day erotic life (and therefore also to a large extent the social life) of the already mentioned countries. As the philosophies in question have seldom if ever been explicitly treated in modern psychological literature, we may perhaps be permitted to take Maurice Bedel's book as a text for a preliminary orientation of the problems concerned—problems which, as we shall see, reveal themselves even to casual examination as of wide import and considerable complexity.

Jerome, the hero of the novel, who also gives it its title, a young and successful French playwright, is on his way to Christiania (as the city was then called) to superintend the production of one of his own plays. He is of an ardent and romantic disposition, given to innumerable short lived love affairs, each of which promises the happiness it does not give, but for a moment fans to a fresh brilliance the fitful flame of his ideal-

istic passion. In fact, he is a typical, and, we must admit, a very charming, specimen of the Don Juan type, in which love can be satisfied only by a perpetual succession of new objects. Such satisfaction had not been lacking, for in his short career he had been as successful in love as in literature, and so far as the former was concerned "it had as yet brought him no other disenchantment than a certain monotony of success." The novel which bears his name is devoted to the history of the affair which occupies him during his trip to Scandinavia—an affair which, we are given to understand, makes a more profound impression than most others. The object of the affair, a young Norwegian girl, Uni Hansen, presents in many respects the greatest possible contrast to Jerome, a contrast which, as the background of the novel makes us realize, is in a sense intended to epitomize the cultural aims and viewpoints of the respective countries of the two protagonists. Uni represents the extreme of childish common-sense, matter of factness and naiveté. As seen through her eyes, life seems to be a relatively straightforward, obvious business, with few complexities to worry over and little room for sentiment or romance. In her relations with Jerome as with other men, the sexual elements seem at first to be subordinated (to Jerome himself exasperatingly subordinated) to those of common humanity; but, when sex appears, it is as "natural" and straightforward as the rest—a matter about which it is unnecessary to fuss or bother, remote as it is alike from ecstasy, romantic longing or disgust. There is not an atom either of coquettishness or prudishness in Uni. To Jerome on the other hand a certain sexual obsessiveness is the very spice of life; quite clearly and consciously, it constitutes the driving force of all his thoughts and doings. He is continually seeking situations which will provide him with the necessary romantic setting for a declaration of love—situations in which Uni behaves as though she were a child ignorant of all the subtle meanings—nay, even of the very purpose—of the intricate sexual game which so largely occupies Jerome's thoughts and feelings. But

when at last he does make clear his meaning, she responds with a directness that is as disconcerting as was her previous camaraderie; a directness that brings into startling relief another correlated feature of Jerome's sexual life, namely—his need for secrecy, intrigue and complication, in all matters of the heart and of the senses. To Uni a declaration of love means an engagement, and an engagement means an obvious, open and unashamed indulgence in sexual relations, which, if sufficiently agreeable to both parties, will in turn mean marriage—a marriage which itself shall last while mutual inclination persists, but shall be dissolved without recrimination or protest by either party, should the one or the other tire of the relationship or be attracted elsewhere. To Jerome such simplicity is not merely incomprehensible, it is devastating; for, while on the one hand it betrays a childish lack of reticence and of discretion that is definitely repellent, on the other hand it seems to rob love (and with it life) of all that is most fascinating and attractive, all that is most worthy of the wits and emotions of a cultured man.

In due course the inevitable happens. While in the unfamiliar snows of Norway, the romance endures, through the very piquancy of its incomprehensibility and strangeness; but soon the pair are dispatched by the relatives of Uni on a sort of unofficial honeymoon to Copenhagen. Even on the journey the conflicting points of view continue to assert themselves, as when Jerome engages two sleeping compartments—to him an obvious proceeding in the interests alike of decency and of adventure, but to Uni's simpler mind merely a useless extravagance and inconvenience. Arrived in their hotel at Copenhagen Uni retires to the bath room, only to ask Jerome to bring her the eau de Cologne. Jerome is seized with an anxiety attack, says he cannot find the missing bottle, and afterwards, when Uni comes into the room and proceeds to put into practice an elaborate system of massage and gymnastics (in the literal sense), he becomes absorbed in the changing of the guard which is providentially taking place in the square below him.

During the day, in the, to him, more familiar atmosphere of a larger and more cosmopolitan town, his infatuation for Uni declines rapidly, in correspondence with a reawakening of the desire for ever new adventures—for which indeed the Danish capital appeared to afford every facility. In the evening, in a bedroom scene in which Jerome further demonstrates his incapacity to carry out what seem to Uni the obvious duties of a fiancé, Uni, puzzled but retaining her imperturbable good humour, suggests that Jerome does not know these duties, and offers to teach him them, saying that she is already well instructed from a previous honeymoon of this description (incidentally with the man who taught her the system of massage and gymnastics, which had proved such a trial to Jerome in the morning). Jerome, appalled both by the revelation and the prospect, locks the communicating door between the two rooms. In the morning Uni utters neither reproach nor disappointment but, in the intervals of renewed gymnastics, is full of sympathy, good advice and practical solutions of their difficulties. "*Comment vous allez, pauvre petit?*" were her first words as she offered him a frank handshake. "You ought to do a lot of gymnastics," she advises him, "You're not a strong man." "I!", said Jerome, irritated, "I assure you that in France . . . !" Uni stopped in the middle of her exercises and, looking at him with a sort of pity, she pronounced simply and decisively the fatal words: "Jerome, you talk a lot, but you never can do anything. And when the time comes for you to do something, you can only weep. You're not the kind of fiancé for me. I give you back your freedom." Jerome had hoped for tears, entreaties and pathetic scenes rather than for advice on matters of physical culture. Nevertheless, this frankness and matter-of-factness awakes in him a certain common element of human sympathy, from which however all sexual factors seem to be excluded—and thus they part good friends, he to return to Christiania to explain matters to her mother and to wind up his affairs in that city before definitely leaving Scandinavia; she to stay with

friends in Copenhagen for a short visit before (as the reader is left to imagine) entering upon a new engagement with her former fiancé, who had once again proposed himself in that capacity on the eve of Jerome's and Uni's departure for Denmark. To complete the picture it may be added that, as a last generous gesture, Uni had offered to plead his cause with a girl friend of hers at Copenhagen, whom they had met the previous day and for whom Jerome had expressed admiration—a gesture which, we are told, made Jerome all the more regretful to take leave of a comrade who pushed self sacrifice so far as to offer him her best friend in exchange for herself.

Having thus indicated very briefly and with omission of all detail the main theme and characters of the story which we have taken as our text, we may be permitted to make a few further quotations from this text with a view to making still clearer and more vivid the problems of which it seems to be a statement.

Jerome recognizes from the start that Uni is at once more childish and more masterful than the other girls with whom he had philandered. But then he expected something in the nature of a new experience on this journey to a new country, a country which his imagination had already lavishly endowed with romance. Perhaps too, the absence of some of the more usual distinctively feminine traits and of the sexual responses to which he was accustomed, constituted a challenge to his character as a successful sexual hunter and at the same time awoke certain masochistic features of his nature.

At the termination of one of their first meetings, we are told, "she grasped his fingers with a vigour in which he recognized more comradeship than was pleasing to him. It was a boy's handshake. But as he left her, he reflected that a descendant of the Vikings could not have the manners of a village maiden, that Queen Zenobia, Atalanta and Nausicaa had been both tender and fearless; and moreover, since Norway was a land of forests, it was fitting that her daughters should wear the likeness of Diana." With regard to his

masochism, which delighted in the self-tormenting aspects of his loves, we read: "The blow he received from his first meeting with Uni the evening before on the deck of the *Jupiter* had left its bruise, and in sly complicity with the weakness of his nature, he hoped it would spread until it had taken possession of him."

The general impression of a certain childishness and innocence which the Norwegian women made on Jerome is well conveyed in the following short passage: "Their candid eyes, their doll-like complexions, the unconcern with which they wore hats several years out of style, provided him with a kind of pleasure that he missed in the Paris busses. Quite unintentionally he smiled at them as one smiles at a pretty child. Nor did they appear to be offended. They were simple as fountains and as fresh as bathers, without make-up and without mystery."

On Christmas eve, which is a festival that each family celebrates within its own closed circle, to the exclusion of all strangers, Jerome nevertheless arranges to meet Uni for a few moments outside her house. She puts him into the garage where he can shelter from the cold—and brings him from time to time a few delicacies from the family table. Jerome at last experiences some of the delights of a romantic intrigue, but is horrified at the absence of all air of secrecy or precaution from Uni, whose occasional expeditions outside the house seem indeed to arouse no interest in her relatives. In his desire to make the most of the situation, he endeavors to read danger and high romance into a situation that is at most a little ridiculous and undignified. "He shrank into a shadow among the shadows, a plank in the fence, like a criminal about to be exposed by the thoughtlessness of his accomplice. But deep within himself, he was tasting a keen delight in this danger, hoping that he might be discovered by the traditional duenna, pursued by the jealous lover and attacked by the watch. Fear is an emptying of the will, the delight of the weak."

This however was almost a unique occasion in a long series of desperately straightforward situations, which in the long run, when they had ceased to appeal by the mere force of their amazing novelty, could only end by producing in Jerome a peculiar combination of boredom, terror and disgust. Jerome's habitual values begin to reassert themselves in the more complex environment of Copenhagen. "Under the lights of the restaurant, the pleasures of life had no value unless they were the result of intricate minute and studied ingenuities like the steps of this tango. He regretted that they were not throwing balls of coloured cotton from table to table, which so facilitates the birth of intrigues; and that someone did not ask Uni to dance, so that he himself might invite the little brunette in the cyclamen dress at the next table. He realised that he was growing bored with the simple emotions. Uni on the contrary was noisily happy over trifles."

But perhaps the most illuminating statements of the two opposing points of view are to be found in Jerome's conversations with Madame Krag, the mother of Uni, of which we quote a sample:

Madam Krag: 'Love? Why love is when Axel says to all the world 'I love Gerda Josefsen'. And when Gerda says: 'I love Axel Hansen'. And they are married. It is a straightforward thing.'

Jerome: 'And if some day Gerda says to all the world, I no longer love Axel, I love Sigurd, and if Axel says nothing and sees his children go to live with Sigurd, is that also a straightforward thing?' (*un acte franc*).

Krag: 'Yes, and it is much better than if Gerda slept in Axel's bed and dreamed of Sigurd.'

'A straightforward thing . . . a straightforward thing . . .' thought Jerome. 'But love is not so simple as all that . . .'

"They were passing through the lobby of the theater at this moment, under the bristling eyebrows of a bronze Ibsen.

'A straightforward thing' said Jerome, 'Yes to be sure.'

But still, sometimes . . . Well, for example, there was Nora in *The Doll's House*. Now in France she would have been a very good little wife and wouldn't have broken things up. She would have deceived her husband with much discretion and propriety . . .'

Krag: 'What horrible ideas you have.'

As already mentioned, Jerome explains the situation to Madame Krag on his return from Copenhagen. When she has received his report, their final conversation is as follows:

Krag: 'In short you failed in all your duties.'

Jerome: 'What!'

Krag: 'In the pursuit of love you encounter human nature at every turn, and you imagine that you can settle everything by shutting your eyes.'

Jerome: 'Should I open them?'

Krag: 'Yes, Jerome, when the garments of custom fall and the veils of habit are drawn back . . .'

Jerome: 'But, madame, these were the veils of a young girl.'

Krag: 'And wasn't that young girl your fiancée?'

'A mother who reproaches me for having respected her daughter,' thought Jerome.

"Madame Krag then expounded certain principles of eugenics which overturned all of Jerome's ideas of engagements. As her premise, she declared that the basis of marriage was truth and that nothing should be hidden between two beings who had chosen each other freely. She could not find words severe enough to describe the custom, prevalent in old civilization, of uniting two strangers for life, of leading up to the nuptial bed a man in evening dress and a girl hidden behind a veil, of saying to her "you are his wife", and to him "you are her husband" before their tastes, their affinities and their physical suitability had been tried out in an honest test.

'Love,' she repeated, 'is a straightforward thing which flourishes in marriage between those two guarantees of personal happiness, betrothal and divorce.'

"Jerome detested this point of view. Can one take guarantees against a sentiment whose swelling is the sublime? To risk the adventure of happiness with a woman seemed to him a goal sufficient in itself.

'Madame,' said he, 'I am not accustomed to a love that supplies itself with guarantees.'

'You prefer to have it lead to falsehood and treason.'

'That's an exaggeration.'

'And to murder,' she added.

She left the room abruptly, and returned a moment later, carrying a file that bulged with newspaper clippings.

'Here, read these,' she said, putting them in Jerome's hands.

He found a collection of those tales that are one of the attractions of the French press and the favorite literary nourishment of the middle classes:

'Jealous lover gashes Mistress: Attempts Suicide'—'Frightful Vengeance of a Deserted Woman: Abandoned, she throws herself into the Seine with her Child'—'A Drama of Jealousy'—'A Drama of Pistols'—'A Drama of Vitriol.'

'Well,' said Jerome unconcernedly, 'that is what love is.' Madame Krag gazed at him with horror."

If we seek to summarize the differences between the two mentalities at the descriptive level, we shall arrive at some such list as the following:—

<i>Jerome</i>	<i>Uni</i>
1. Complex	Simple
2. Sophisticated	Naïve
3. Adult	Childish
4. Romantic	Matter-of-fact
5. Sexual interests continually in the foreground	Sexual interests often subordinated to others
6. High degree of genital supremacy	Somewhat diffused eroticism
7. More masochistic	More sadistic
8. Direct sexual manifestations somewhat inhibited	Direct sexual manifestations uninhibited.
9. High degree of sex differentiation	Low degree of sex differentiation
10. Desire for secrecy and intrigue	Frankness
11. Little agreement between social theory and individual practice	Considerable agreement between theory and practice

Jerome	Uni
12. Sense of conventional propriety developed	"Advanced" ideas on propriety
13. Much overestimation of sexual object	Little overestimation of sexual object
14. Much jealousy	Little jealousy
15. Neurotic	No signs of neurosis

The first five items on this list would seem to be so obvious as to require no comment. We may merely remark that Jerome's complexity and sophistication strike us as adult characteristics and that Uni's simplicity and directness seem in comparison to smack of the childish and the relatively undeveloped—a difference that is in harmony with several other items on the list.

With regard to number 6 it seems clear that Jerome's sexuality is much more under the hegemony of the genital component instinct than is Uni's, this again being, according to psychoanalytical conceptions, more in accordance with the adult pattern. Uni's relatively diffused sexuality manifests itself particularly in her delight in sports and gymnastics (and perhaps also in her general *joie de vivre*). In this matter the author seems to have pointed to an undoubtedly typical difference between the national mentalities that are represented by the two protagonists. In France there is little general *interest* in sport and gymnastics as compared with Britain, Germany and Scandinavia (though there is pretty clearly no lack of *ability* in these directions). Nor is there any enthusiasm for *Nacktkultur* or *Aktphotographie* of the more "harmless" sort, such as, in Germany at least, drains off a good deal of libido at a slightly sublimated pregenital level. The greater hegemony of the genital components with the French is apt to make such manifestations of diffused erotisms appear to them childish and uninteresting, while their own more constant preoccupation with love and sensuality on the genital plane is in turn apt to appear to Northern visitors as a sort of sexual obsessiveness (since only the unmistakably genital is usually reckoned as sexual, so that many manifesta-

tions of the more diffused sexuality of the Northern races is apt to escape recognition as such).

No. 7 relates to an important difference in the direction of one of the component instincts. Uni's sadism shows itself chiefly in her muscular preoccupations, and in particular in a trait to which we have not yet referred, namely, her enthusiasm for boxing. Indeed, an admiration for French achievements in this sport is an important factor in her original interest in Jerome, who hypocritically pretends to share her interest in pugilism—a pretense which he has, later on, reason to regret, when he has to submit to a good pummeling at Uni's hands. Whereas Uni's sadism is chiefly muscular, Jerome's masochism—in harmony with the greater complexity of his nature—is primarily psychic. We have already noted the author's allusion to his satisfaction in the self-imposed sufferings of love and the "weakness of his nature" which longed for such sufferings and desired to be "taken possession of." In the light of recent psychoanalytic knowledge, we may suspect too that in this masochism is to be found the explanation of a great deal that Uni (and with her, perhaps, the reader, if he is honest) finds complicated and bewildering in Jerome's nature. The author's reference to a "sly complicity" in virtue of which sexual desire would become mingled with masochistic pain almost irresistibly suggests Alexander's formulations concerning the corruptibility of the super-ego and its conspiracy with the libido to permit satisfaction to the latter on condition that payment be made in terms of suffering—a conspiracy that seems to underlie so many manifestations of neurosis. If this interpretation is correct, it would seem that the masochism of the present case, is, like that of many others (as Freud has pointed out) the meeting place of the instinctual urges and of the inhibitions emanating from the super-ego, the two opposing tendencies both finding satisfaction in the same symptoms. Instinct and inhibition have thus become closely bound together—the former can only be satisfied on condition that the latter is also operative: if inhibitions are

removed, instinctual satisfactions are by that very process, as it were, eviscerated, so dependent have these satisfactions become upon the overcoming of an obstacle. We have here, I believe, the most important key for an understanding of Jerome's mentality and of the differences between his mind and that of Uni, in whom there does not exist this complex and subtle relationship between desire and inhibition, and in whom there is much less (if any) dependence of the former on the latter.

These considerations would seem to throw considerable light upon the various other items of the list. They tell us for instance, something about the nature of the greater complication and sophistication of Jerome as compared with Uni (Nos. 1 and 2). They remind us also that such complication and sophistication, due to the dependence of desire on inhibition, are more characteristic of the adult than the child, so that characters in whom such dependence is marked are apt to appear to us more "grown up" than those in whom it is absent or minimal (No. 3). With regard to No. 4 we shall surely suspect (a suspicion for which we could find much corroborative evidence) that romance springs from inhibition of the simpler forms of satisfaction and is both dependent on it and expressive of it. Romance deals essentially with the overcoming of obstacles to satisfaction, as a study of any piece of romantic imagination, from the story of the Golden Fleece to the novels of Rider Haggard, will surely show. In the present case, what are Jerome's phantasies of the "duenna", the "jealous lover", and the "watch" but imaginary dangers and difficulties conjured up to satisfy his insatiable need for obstacles, i. e., in the last resort so many projections of his own inhibitions?

With No. 5 however, we come to a complication—a complication which is perhaps present in the others also, but in which it less imperiously demands our attention. Part of the apparent difference in this respect between the two mental types in question is probably due to the tendency, already

noted, to overlook the more diffused and pregenital constituents of the libido that play a relatively important rôle in the type represented by Uni. But this can scarcely account for the whole difference. A certain obsessiveness in Jerome's sex life seems to indicate that it has a neurotic element that is absent in the case of Uni—a neurotic element that is connected, once again, with the complex interplay of inhibition and libido. It would seem, in fact, that the obsessiveness of Jerome's sexual thoughts and desires is a consequence of inhibition—*inhibition* that is of course only partially successful in its aims. We are here up against the fundamental fact that incomplete inhibition intensifies desire, giving it at once a strength, a permanence and a quality that are scarcely to be found in the absence of such inhibition. It is this fact that constitutes the main theme and moral of Maurice Bedel's book—a fact the far-reaching psychological, sociological and ethical consequences of which it is the principal purpose of the present article to emphasize.

Turning to No. 6 on our list, the general knowledge at present available would seem scarcely sufficient to enable us to say what is its precise relationship to the facts that we have been discussing in connection with No. 7—whether, that is, the degree of genital hegemony of the libido is in any way due to the strengthening of the libidinal elements through inhibition. That genital hegemony means to some extent a successful repression and subordination of the pregenital elements there can be little doubt. But this repression does not imply so much a strengthening as a redistribution (and concentration) of libido, and it is not easy to show that any strengthening of libido occurs in genital hegemony.

When we turn to No. 8, however, we see that the inhibitions in Jerome's case are not confined to the pregenital levels but powerfully affect the more direct expressions of genital sexuality itself. Jerome's anxiety attacks in Copenhagen clearly point to a feared or actual impotence, the alleged reason for refusing to see Uni when divested of her clothes—the fear of spoiling the romantic nature of the whole adventure—being

pretty clearly in the nature of a rationalization. The real reason is interestingly brought out by a small detail of the scene. Jerome pretends to be absorbed in the spectacle of the changing of the guard and in describing this to Uni he exclaims: "How very curious! the drum major is lame . . . He's not very lame, but all the same, for a drum major!" Anything, the author tells us, was good enough for rescuing his love from a mortal danger; but nevertheless, here as elsewhere, the "something" that was chosen was probably not without a psychological significance, for lameness, as we know, is by no means a rare symbol for impotence or for castration. His love in fact was in mortal danger from a source other than that of which the ordinary reader (or perhaps Jerome himself) is consciously aware.

Thus we find that Jerome is inhibited in the very matter in which he is most stimulated. Both his inhibitions and his desires are concentrated at the genital level. We shall naturally be inclined to imagine that causal relations are involved here—relations that are probably of a circular order. On the one hand, the inhibitions are probably directed to the sexual act, because the genital desires are so intense; on the other hand, it may well be that the frustration of end-pleasure that is thus brought about by damming up the natural channel of discharge (and thus maintaining libidinal tension at a high level) produces an obsessive preoccupation with fore-pleasure that is responsible for Jerome's striking continuity of sexual interests (No. 5).

In No. 9 we seem to see a consequence of several of the preceding items. A high degree of differentiation between the sexes goes naturally with complexity and sophistication rather than with simplicity and naiveté (Nos. 1 and 2). It is a characteristic of adult life rather than of childhood (No. 3). In so far as it manifests itself in gallantry and chivalry on the part of the man, in coyness and coquetry on the part of the woman (which are the sex distinctions that here come chiefly into consideration), it is a difference that is in harmony

with a romantic rather than a matter-of-fact outlook or tradition (No. 4). It obviously implies a preoccupation with the sexual aspects of life rather than with the general interests that are common to both sexes (No. 5); it implies too, at least a fairly high degree of genital supremacy (No. 6), higher at any rate than that involved in Uni's love of pugilism. Matters are more complex and less obvious as regards Nos. 7 and 8, but, on the whole, sex differentiation of the kind here in question seems undoubtedly to involve something of the subtle interplay of desire and inhibition that we discussed under these heads. Both gallantry and coquetry imply an inhibition at the more direct and unsublimated levels, and a dallying at, and accentuation of, the stage of fore-pleasure. In fact, they constitute one of the most obvious, but also one of the most remarkable, examples of the prolongation, complication and intensification of desire through inhibition that is to be met with in human life—an example that is the more interesting in that it is not confined to human life, but, in the phenomena of courtship, is to be seen, at least in rudimentary form, in very many species of animals.

There seems no doubt that the contrast in this matter between Jerome and Uni is really to some extent characteristic of the cultures which they represent. The Latin countries are the true home of gallantry and of flirtation, whereas the northern countries have been the chief centres of the feminist movements which have aimed (to a considerable extent successfully) at the reduction of sex differences, alike in love and life. Chivalry and coquettishness have both a certain fundamental incompatibility with equality of the sexes in work and in play, in politics and marriage. In France there has been but little demand for women's suffrage, women being on the whole content with a certain compensating privilege and glamor with which their very sex endowed them. In Norway, on the other hand, stress has been laid on the common features which women share with men, and little value has been placed upon forms of politeness and of gallantry that

have seemed to northern eyes to be, at best, superfluous, and, at worst, hypocritical, degrading and insulting.

The desire for secrecy and intrigue (No. 10), clearly depends to some extent upon a projection of intrapsychic conflicts. Just as, in Jerome's individual mind, desires lose their spice and piquancy unless accompanied by inhibitions, so in social and sexual life, his actions tend to become pointless except so far as they involve the overcoming of dangers and obstacles. Here again there are cultural differences corresponding to the mental differences between the protagonists of Bedel's book. Latin culture and the Latin languages are riddled with courteous minor hypocrisies and insincerities which are neglected, despised or actively condemned in the majority of northern countries, in which a blunter and more direct form of speech is preferred. It is Latin culture too which affords the most fruitful ground for intrigue and that subtle art for putting a soft gloss on hard and stubborn attitudes that is called diplomacy. Even such minor forms of economic subtlety and indirectness as are involved in bargaining have their European home in Latin countries, whereas the more direct and matter-of-fact system of fixed prices makes greater appeal to the northerner, anxious to get his business done as expeditiously, and with as little fuss as possible.

Very similar factors play a part in No. 11. The need for obstacles to the satisfaction of libido can very conveniently and profitably avail itself of the impediments to desire afforded by conventional morality. While partial (or at any rate nominal) adherence to the dictates of this morality satisfies the super-ego, transgression of these dictates adds a pleasant piquancy to the gratification of desire. Hence in Jerome's type both aspects of the mind are contented with existing social conventions, and there is little desire to bridge the gap that separates them from individual practice. To the simpler mentality of the Uni type, however, such a gap is much less easily tolerated, so that there results a constant

endeavor to bring ethical theory and individual practice into harmony with one another; with the result that social and legal sanctions become less severe, though adherence to them is at the same time much more rigid. Here again there are cultural parallels. In the endeavor to bring about the harmony in question, several northern nations have made fairly drastic reductions in the oppressiveness of the social and legal institutions corresponding to the super-ego, while on the other hand there would seem to be a more sincere and honest endeavor to live up to these institutions as they actually exist. To take just one example of this difference—Roman Catholic countries seem to tolerate easily the simultaneous existence of a theoretically monogamous and indissoluble marriage with the widespread practice of extramarital intercourse, while in the countries of which Uni is a representative there tends to be on the one hand less rigidity in the marriage laws but, on the other hand, considerably less enjoyment of sexual freedom outside marriage or at any rate betrothal (as is shown for instance by the very much smaller illegitimate birth rate that is characteristic of these latter countries). And I believe that examination would show that what is true of the marriage laws is true of the great majority of other laws. The French have (according at least to reputation) a habit—one that has proved very irritating to coöperating foreign governments—of meeting all abuses by the simple maxim of "*affichez*"—a maxim which eases the conscience and leaves practice largely where it was.

On the other hand the greater necessity of really conforming to official institutions that is found in the North may sometimes lead to a greater fear of making these institutions too clear cut or definite. This may be an important factor, for instance, in the English tendency to "muddle through" rather than to rely on detailed plans or principles. The English constitutions and legal systems have grown up out of a thousand *ad hoc* adjustments and decisions. There is a fear of logic that is foreign to the Latin mind, perhaps because the Anglo-

Saxon can less easily tolerate a departure from logical principles when once established. It may be the fear thus engendered that is responsible for the charge of hypocrisy that the French sometimes level against the English—a charge that is apt to seem unjustified to the English themselves, because they are unable to tolerate the mental conflicts concerned and hence fail to recognize their existence.

Much the same general considerations apply again to No. 12, except that here the ethical sanctions that satisfy the inhibitions (and through this stimulate the libido) are much less projected and externalized as institutions, but are more purely psychic—albeit psychic possession of the group, and not merely of the individual. Jerome and his compeers are prepared to pay their respects to the convention that there shall be no sexual intercourse until after marriage. Uni and hers substitute a more “advanced” convention of their own, so that theory and practice may, here again, be harmonized. Far from deriving an added pleasure from a discrepancy between the demands of the social super-ego and the claims of instinct, there is an urgent need to establish a recognized and fully conscious compromise between the two. With them everything must be—to use two favorite phrases—“in order” and “above board”—conditions which to Jerome’s type of mind deprives libidinal satisfaction of a great deal of its value. Jerome’s philosophy in this matter (which would be the very opposite of Uni’s, if she had one) could not be better expressed than in words that Mr. Aldous Huxley puts into the mouth of one of his characters: “Emancipation is excellent, no doubt, in its way. But in the end it defeats its own object. People ask for freedom, but what they finally get turns out to be boredom. To those for whom love has become as obvious an affair as eating dinner, for whom there are no blushing mysteries, no reticences, no fancy-fostering concealment, but only plain speaking and the facts of nature—how flat and stale the whole business must become! It needs

crinolines to excite the imagination and dragonish duennas to inflame desire to passion."

Psychology is still woefully ignorant about the fascinating problem of the overestimation of the sexual object that is involved in romantic love (No. 13). But from psychoanalytic work, especially that of Freud himself, three things at least are fairly clear about the process of "falling in love": (a) that it demands some inhibition of the more immediate and direct sexual desires (it is to this extent "aim-inhibited"), (b) that the lover tends to see in his beloved the image of some previously loved person, (c) that the super-ego is projected on to the beloved and is then seized upon as an object by the libido, to the impoverishment of the ego itself. In the case of (a) and (c) at least, we can discern factors with which we are familiar in the psychology of Jerome. We have already seen that his libido is to some extent "aim-inhibited"—at least as regards the final aim of sex. His super-ego, too, is in certain respects more highly developed and *exigeant* than is that of Uni. It is perhaps not surprising then that, if projected, it can seem an object worthy of a worship to which a projection of Uni's more modest super-ego could scarcely claim. Here we see in another form the advantage which the libido can derive from a stern super-ego. The imagined perfections of a beloved person can probably only exist in so far as they represent the projection of a similarly "perfect" super-ego—and a super-ego such as Uni's, that has struck an open bargain with the instincts can no longer be perfect in this sense.

The tendency indicated under heading (b) clearly depends upon some degree of fixation on the parent or other early love object, a fixation that in turn probably depends upon an inhibition of such genital impulses as are necessary for the due displacement of infantile incestuous affection. Here again then inhibition favors "falling in love". There is of course too a subtle interaction between (b) and (c), inasmuch as the loved parent furnishes some of the constituents of the

super-ego that is projected on to the person with whom one falls in love.¹ The fact that Jerome, like other members of the Don Juan type, can find no permanent satisfaction in any one love object is probably due in part to the fact that no woman can in reality "live up" to the perfections either of the mother-imago or of the projected portion of the super-ego, partly to the fear of losing the romantic element of overestimation once the inhibitions have been overcome (a fear which Jerome frequently expresses), partly to the workings of the still persisting incest inhibition (which is responsible for the actual impotence or sexual disability), and partly to an obsessive need for reassurance against the effects of this latter disability, a need which constantly seeks for fresh signs of the capacity to make sexual conquests. In any case the existence of a mother fixation in Jerome is indicated by a long and apologetic letter which he writes to his mother, announcing (but not till the fourth page) his engagement to Uni and asking for her benediction and approval, without which he felt himself unable to make any permanent decision.

That the tendency of the Jerome type to jealousy (No. 14) is connected with several of the previous items, especially with the last four, is sufficiently obvious. Secrecy, intrigue, suspicion, the clandestine overstepping of legal ties or conventional restrictions form an atmosphere in which jealousy can flourish, whereas frankness, "advanced" moral notions and an absence of the intenser forms of overestimation of the love object are all unfavorable to jealousy. The desire for obstacles which is so essential to Jerome makes a rival almost a necessary part of the total picture of his love affairs, which only the utter absence of all opposition keeps in the background during the greater part of Bedel's story. Psychoanalytic theory

¹ It is probable that we have to do here with the kinder, more loving and more lovable aspects of the super-ego, of the existence of which Freud has hinted, for instance in his recent paper on Humor. But a discussion of this would take us too far afield. Altogether, there is urgent need for the further study of the problems involved in falling in love, with especial reference to the rôle of the parent imago and the super-ego.

has shown moreover that jealousy is largely dependent upon unconscious factors, e. g., the persistence of an oedipus attitude and, above all, a homosexually determined identification with the loved person whose infidelity is feared—factors that imply fixations and correlative inhibitions that have prevented the free development of the libido. It is the complicated path that the libido has been compelled to take that is responsible for the ready liability to jealousy, as for so many other features in the Jerome mentality. Here again, too, Jerome is typical of his country; for France is a land in which jealousy is not only condoned, but to some extent approved and even admired, as is shown by its traditional attitude towards the *crime passionnel*.

After all that has been said there is no need to stress the fact that Jerome's character is essentially neurotic (No. 15) depending as it does for its intimate make-up upon a subtle compromise between libido and inhibition of a kind that is thoroughly characteristic of neurosis. Uni's mind, on the other hand, appears to be free of the conflicts that we regard as neurotic, though at the same time, as already noted, it strikes us as more primitive and childish.

Summarizing the differences in the two types before us, we find that one big factor—that depending upon the interaction of inhibition and libido—accounts for, or at least plays a part in, nearly all the 15 distinctions that we have enumerated. In Jerome the libido has adapted itself to the presence of inhibitions, and has, as it were, struck such a satisfactory compromise with it, that it is well nigh incapable of functioning without them—all the zest of life is dependent upon obstacles or inhibitions of one kind or another. In Uni, on the other hand, there has been no such compromise. Her super-ego has been in certain respects more moderate in its demands, but at the same time sterner in the insistence on those which it has made, and less corruptible in the face of temptations to commute for them in terms of suffering. Her libido has therefore had to accustom itself to obtaining satis-

faction without the extra spice of overcoming inhibitions. Her super-ego and libido have to make their peace in a more direct fashion, without the formation of those subtle compromises that satisfy the one while at the same time increasing (in certain spheres and within certain limits at least) the gratification of the other. Hence the generally simpler and more naive pattern of her mind.

It is clear that the mental difference between our two types raises several interesting problems of psychological economics and dynamics. There is for instance the problem of determining more precisely the rôles of the super-ego and the libido in the compromise that is arrived at.

We said just now that Uni's super-ego was in certain respects more moderate in its demands. Uni is in a certain sense more "advanced" and freer in her outlook and her actions. But this greater freedom is only obtained at the price of a greater obedience. To Uni conflict between libido and the super-ego is intolerable; hence her actions must always be capable of moral justification. Jerome is much more tolerant of guilt. This is of course a condition of his capacity for moral compromise. His conflicts are nearer the surface, and he would therefore make an easier subject for analysis. Uni's repressions would seem to have taken place at a deeper level. It is this perhaps that makes her super-ego less "corruptible". We get the impression that Uni's attitude represents a method of solving conflicts that is characteristic of the puritanical mind. Her super-ego has retained its severity but has become "enlightened". If she had not been an "advanced" young lady, she might have been a Fundamentalist. But we have to recognize that it is on the basis of such a solution that moral progress of the Western world has been made. The solution in terms of compromise that is characteristic of the Jerome type does not make for rapid moral change; both super-ego and libido are too satisfied with the bargains they have struck.

As regards Jerome's mentality, there is the further problem

as to how far we are really justified in speaking with Alexander of the "corruptibility" of the super-ego, and in what way and to what extent the method of corruption, i. e., the endurance of pain, provides satisfaction both to the super-ego and to the masochistic components of the libido. With regard to the libido, there is the fascinating problem of how far the increased gratification that the libido eventually obtains from the very existence of inhibitions can be described in quantitative terms, how far only in terms of qualitative differences. The earliest psychoanalytic discovery of an example of this general mechanism—that concerning the child's tendency to postpone defaecation in order to enjoy greater eventual pleasure from the act—suggests something in the nature of a simple quantitative increase in tension. But there are many other manifestations of the same principle—including most of those with which we have been concerned, which seem, superficially at any rate, to be describable only in qualitative terms; the words "piquant" (note the implication of pain) and—in German—"raffinierd" inevitably suggest themselves in this connection. If there are both qualitative and quantitative factors at work, can the quantitative factors be described as simply due to increase of tension without change of channel, while the qualitative factors correspond to (partial or complete) displacements? There is a further problem as to the relation of the main "principle of increase of satisfaction through inhibition" (as we may perhaps designate it) to the degree of genital supremacy in the structure of the libido. The data we have examined reveal a positive correspondence between the use made of this principle and the degree of such supremacy—but we were not able to show with any assurance in what way one factor depended upon the other.

This problem leads on to the still more general one of how far a gradual increase in the use of the principle is to be regarded as a normal feature of development. On the one hand it may seem an essential element of culture, yet on the other hand it has the closest relationship to mechan-

isms that we have learnt to look upon as characteristically neurotic. If we knew with more certainty what differentiates the neurotic from the healthy in this matter, we should have achieved a considerable gain in psychopathological insight and at the same time have made a distinct forward step in the application of psychology to ethical, educational and sociological problems.

Here, however, we must be content to indicate these questions without attempting to answer them. We may, however, in conclusion be allowed a few words concerning some of the very numerous and diverse phenomena in which the principle we have been discussing would seem to play a part. Such a review—even of the briefest and most fragmentary kind—will at least serve to convince us of the very wide application and great importance of the principle and will perhaps enable us to arrive at some provisional conclusion as regards its general function and value in the process of mental development.

Let us start with instances of a purely sensory kind. We have already mentioned the early discovery by psychoanalysis of the application of the principle in the anal sphere; a similar mechanism can sometimes be observed in the case of urethral eroticism, for retention of the urine can undoubtedly lead to greater pleasure in eventual micturition. More complicated however are the manifestations of the principle in the case of oral eroticism. Not only do hunger and thirst add greatly to the enjoyment of eating and drinking, but we often derive an increased pleasure from food and drink that contain an element that by itself is unpleasant. Indeed, the word "piquant" which I have found myself led to use on more than one occasion, is a term that is often employed with special reference to the pleasures of taste. Some palates have lost the taste for simple food and have to be tempted with pungent, sour or bitter ingredients that seem disagreeable to less sophisticated tastes—much as Jerome has no taste for sexual adventure unless it contains elements of the forbidden, the intriguing and the dangerous, which are pointless or repellent to the simpler

mind of Uni. A further aspect of the principle in the oral sphere concerns the very method and manner of eating and drinking. The glutton may bolt his food in a few moments like a dog, whereas the epicure delays the complete gratification of his hunger, commencing his meal with dainty *hors d'oeuvres* that stimulate rather than satisfy, prolonging his repast so as to get the maximum of satisfaction from it and preserving some of the daintiest morsels till the end (a form of temporary renunciation that is shown even by the human infant, but not by the dog).

Similar considerations apply to the genital sphere, where the epicure will prolong the sexual act, though the postponement of orgasm may involve control and renunciation of the most intense kind. Here indeed, more perhaps than anywhere else, is to be seen the most intimate and exquisite combination of inhibition and desire frustration and satisfaction proceeding by parallel and equal steps, the former being clearly and inevitably a condition of the latter. In the activity of the masochistic elements, moreover, we see the classic instance of the fusion of moral and instinctual factors to which Freud drew attention in his pioneering attack on the subtle problems presented by this component of the sexual impulse.

Leaving the sensory level for a wider field, we find our principle at work throughout the complicated procedures that lead up to the sexual act—indeed a great deal of fore-pleasure is directly due to its operation, and, as we have already indicated, both the sexual play of coquetry and the more exalted and emotionalized phenomena of romantic love seem to depend to a large extent upon it—being in the nature of an efflorescence of libido occurring as a result of the inhibition of more primitive forms of gratification.

Another field where the principle operates is that of humor, which, as Freud has also shown, is a form of satisfaction that results from a certain method of overcoming inhibitions, and could not exist without these inhibitions. The "smutty" joke, for instance, gives pleasure just because it infringes a sexual

taboo, and can be fully appreciated only where the inhibiting and instinctual forces are present in the right proportion (and perhaps also in the proper kind of fusion). Too high a degree either of repression or of freedom is apt to make such jokes seem either pointless or disgusting.

The "smutty" joke constitutes perhaps but one particular example of the general attraction that is exercised by the forbidden. For an action to be forbidden may give that action a relish which it would not otherwise possess. Here, however, our principle is complicated by the operation of revolutionary tendencies (springing probably in the last resort with the *oedipus complex*) into which we cannot enter here.

Not so different from the "smutty" joke as might at first appear is the pleasure derived from talking scandal and generally dilating on the infringements of sexual taboos by other people—a form of enjoyment that has its childish counterpart in the delight that many children have in hearing of the misdeeds of very "naughty" children or inventing such misdeeds in the case of dolls or imaginary companions. The chief psychical difference between these cases and the smutty joke is that the rôle of the libidinal element is here less clearly recognized, since it is projected on to the transgressors—a mechanism which makes libidinal satisfaction compatible with the simultaneous enjoyment of a pharisaical self-righteousness. At one stage further in the effort towards rationalization we get the purity campaign. Here the super-ego has definitely entered into an alliance with the sadistic elements of the libido, and libidinal satisfaction is derived, not only from the contemplation but the persecution of those who have indulged in the forbidden pleasures.

Many striking manifestations of our principle are to be seen in the sphere of modesty and dress. Clothes which impede the more primitive manifestations both of exhibitionism and of scrophophilia, have proved a most potent method of stimulating both tendencies. This fact has long been recognized by all who have devoted a little unprejudiced observation

to the matter; but in recent years it has been corroborated on a large scale by the practice of nude culture in Germany and other countries, which has made it abundantly manifest that the sacrifice involved in nudity is not so much one of modesty as of an added zest and strength of certain libidinal desires. In fact, clothes are among the most effective aphrodisiacs that have ever been discovered. But this is a subject on which I need not enlarge, as I have elsewhere already treated it in detail.¹

Clothes can indeed be regarded from many points of view as one of the unnecessary luxuries of life—one that, if the upholders of the “simple life” and “back to nature” movements had their way, would be abolished, or at any rate reduced to a bare minimum. And this is calculated to make us realize that many (or perhaps indeed all) luxuries owe something to our principle. For do they not spring into existence largely as substitute gratifications for more primitive pleasures that are inhibited? To take just one glaring example. The modern dance hall, with all its complicated paraphernalia of evening dresses, polished dancing floor, colored lights, jazz band and cocktail bar, is an elaborate and roundabout method of obtaining, in a displaced but still recognizable form, the pleasures of a sexual orgy—pleasures that might be obtained in an infinitely simpler way, if our cultural restrictions and inhibitions had not rendered the more natural and direct gratification impossible.

And here we embark on a few final reflections and evaluations of the principle we have been studying. Of what value is the principle to culture and in what ways is it superfluous and pathological? It would seem that we have come up again against the old problem of the distinction between sublimation and neurosis. It is a problem that can scarcely receive a final solution without touching upon intricate and disputable points of ethical theory. But here, as elsewhere, a provisional hedonistic criterion may be adopted by saying that the ultimate aim of sublimation, and indeed of all mental

¹ *The Psychology of Clothes*. London: Hogarth Press. 1930.

development, should be the attainment of the maximum of pleasure in accordance with the reality principle.

According to this standard we should recognize that the ability to tolerate the pain of temporary inhibition and frustration is a very necessary condition of progress and we should welcome the fact that this inhibition may under certain circumstances lead to an increase of eventual satisfaction, since it seems a providential arrangement of nature to compensate for the inevitable pain of inhibition. Indeed, as I ventured to point out some ten years ago, this fact to some extent affects the pessimistic considerations of Freud with regard to the sacrifices of enjoyment that culture has demanded. But nevertheless we must go on to ask two questions, (a) how far are the inhibitions really necessary, i. e., imposed by the reality principle? (b) how far does any increase of satisfaction that results from the inhibition really compensate for the loss? If the inhibitions are essential for ulterior reasons, i. e., in order to achieve some eventual greater pleasure or to avoid some eventual greater pain, we must submit to them, even though there is no adequate compensation in terms of added strength or piquancy of the desires that are inhibited. But if this is not the case, then we may apply the hedonistic criterion to the narrower sphere of these desires themselves, and ask, do we in respect of the eventual satisfaction of these desires gain or lose by the inhibition? An actual hedonistic calculus is not easy to apply. As regards some simpler forms of inhibition, however, there seems little doubt that the gain is greater than the loss—as, for instance, in the prolongation and refinement of sensory pleasure in eating and drinking and the sexual act. Most people would agree too that the same applies to many forms of sexual fore-pleasure, such as those involved in flirting. But when it comes to the more complicated manifestations of our principle, such as the pleasures of intrigue and secrecy, the attraction of the forbidden, the maintenance for hedonistic reasons of clearly out-of-date social and ethical conventions,

the demand for the more elaborate and extravagant forms of luxury, we shall begin to have serious doubts. In view of the difficulty of an actual hedonistic calculus, we may resort to two substitutive criteria of a qualitative kind. (1) Approaching the matter from the point of view of the super-ego, we may ask if there is present some element of guilt that has to be atoned for by suffering. If so, there is a strong presumption that the suffering is unnecessary and fulfils no useful purpose. From our own psychoanalytical knowledge we should be inclined to say that there is a strong element of such unnecessary suffering in the majority of individual compulsions and obsessions and in their social equivalents, ritual and ceremonial—in most of which pain predominates over pleasure. Here again, however, there may be some compulsions of the simpler sort that bring more pleasure than pain and in which asceticism seems to have acquired a definitely epicurean tinge—as in the case of the man who had himself awakened regularly two hours before it was actually time to get up, in order that he might consciously realize the luxury of bed, or in the case of another who sometimes got out of a warm bath for a few moments in order to reexperience the joy of entering it, enhanced by the contrast it presented to the relatively chilly air. (2) Approaching the matter this time from the side of the libido, we may ask whether the satisfactions of the libido have become so dependent on the presence of inhibitions that there is incapacity for satisfaction without them—as for instance in the inability to enjoy the pleasures of sex without the element of the forbidden. If so, there is surely an unnecessary sacrifice of the possibility of simpler and, as we say, more "natural" pleasures, indicating that, quite apart from ulterior consequences (which are not always of the desirable variety) the possibility of the more exotic and refined pleasures has been bought at too heavy a cost. As a general rule, education and development should be such as to permit of more complex pleasures without losing the capacity to enjoy the simpler ones, and although this may

not everywhere be possible, we may say that the demand for such a condition, as, for instance, an obstacle to be overcome or a convention to be flouted before sexual pleasures can be enjoyed, indicates a neurotic element which is a hindrance rather than a help to ethical progress.

We suspect that the price that has been paid in these cases is that which has been necessary to "corrupt" the super-ego. It is indeed in the alliance between the super-ego and the libido that we have to seek the intimate workings of the mechanism that we have been studying. A closer determination of the economic and dynamic aspects of this alliance is beyond doubt one of the most important tasks for psycho-analytic research in the immediate future.

In this paper I have touched but lightly on a subject which upon examination opens up somewhat disconcertingly until, in its ultimate ramifications, it appears to embrace almost the whole length and breadth of human culture. As such it is a subject that requires for its elucidation a volume rather than a single paper—a volume however that can only be written in the future, as the result of much further detailed psychological investigation. What I have here written, will, I hope, be looked upon indulgently as the first, and quite provisional, reflections of a psychologist upon the problem presented by M. Bedel in so fascinating and challenging a fashion.

THE PATHS OF NATURAL SCIENCE IN THE LIGHT OF PSYCHOANALYSIS*

BY SÁNDOR RADÓ (NEW YORK)

We have recently learned from our foremost investigators that a change of decisive significance is taking place in their conception of the groundwork of the mathematical sciences.¹ The new position takes as its point of departure the province of physics, the findings of which have shaken the belief in the validity of the causality principle (better known to you as scientific determinism) and have inaugurated scientific methods that transcend the limitations of this basic law. I rather suppose that a turn of events of this kind surprises all of us—perhaps even imbues us, who are such strangers in the realm of physical research, with a decided uneasiness. Hitherto we understood the principle of determinism to be one of the pillars upon which the entire body of natural science was erected. The undreamed of results that consistent adherence

* Authorized translation by Monroe A. Meyer. Read before the Seventh International Congress of Psychoanalysis, Berlin, September 25, 1922. First appeared in *Imago* VIII, 1922. This lecture is brought here to the reader, in spite of the long interval between original and present publication, because of its stimulating treatment of basic methodological problems in the natural sciences and psychoanalysis. In order to do justice to the radical changes that physics has undergone in the past decade, an article by Dr. Reiner, a representative of the exact sciences, outlining latest developments and correlating them with Dr. Radó's lecture, is appended. A reply by Dr. Radó, *Addenda to the Psychoanalysis of Causality*, developing these considerations, is in preparation.

THE EDITORS.

¹ Nernst, W.: *Zum Gültigkeitsbereich der Naturgesetze*. Die Naturwissenschaften, 1922. Mises, R. v.: *Über die gegenwärtige Krise in der Mechanik*. Die Naturwissenschaften, 1922. Weyl, H.: *Allgemeine Relativitätstheorie*, 1921. Schottky, W.: *Das Kausalproblem der Quantentheorie als eine Grundfrage der modernen Naturforschung überhaupt*. Die Naturwissenschaften, 1921. Cf., in addition: Reichenbach, Hans: *Relativitätstheorie und Erkenntnis a priori*, 1921. Schlick, Moritz: *Naturphilosophische Betrachtungen über das Kausalprinzip*. Die Naturwissenschaften, 1920. Exner, F.: *Vorlesungen über die physikalischen Grundlagen der Naturwissenschaften*, 1919. Poincaré, Henri: *Wissenschaft und Hypothese*, 1904.

to this principle afforded Freud's psychology need not be discussed before this audience. Indeed, all our scientific reasoning has become so intimately intertwined with the idea of determinism that a science lacking this concept is altogether unthinkable. Yet there exists a large number of facts which prove with indubitable certainty that this conviction is unfounded and that scientific research can tranquilly proceed, albeit the bed-rock of causality has been forsaken.

I intend to illustrate this circumstance most succinctly with an example borrowed from a paper by the well-known mathematician v. Mises (l. c.). To this end, we must venture into the realm of mechanics which, on account of its strictly causal structure, serves as a model for all the physical sciences. Indeed, the so-called "mechanical view" of nature demands that science comprehend the entire physical world to be a mechanical phenomenon. Now we wish to see whether mechanics, which inspires us with such high hopes and which makes such great pretensions, can completely master at least its own domain—the phenomena of motion—with its causal methods.

You are acquainted with the Galton frame through its use in the form of the tivoli table. The entire surface of this frame is provided with equidistant rows of nails through which small circular discs can tumble down. The size of these discs corresponds exactly to the interval between the nails. Let us drop a fairly large number of these discs through one compartment in the top row and ask our expert to tell us in what distribution they will reach the bottom row, according to the principles of classical mechanics. Well, he is unable to answer our question, although it concerns a commonplace phenomenon—the motions of tangible masses. "The results of this proceeding," v. Mises assures us, "may in no wise be deduced from the propositions of classical mechanics; indeed, we have not the faintest notion how such a mathematical derivation might appear." The mechanist can idealize the problem by assuming that the frame and the discs have been constructed with absolute precision (the frame perfectly smooth, the nails and

their intervals perfectly uniform, the discs perfectly circular), that no defects supervene, etc. In that case, however, his computations must come to naught, for, as a matter of fact, the result depends upon just those innumerable small factors that he has eliminated by his assumption. A mathematical manipulation of the problem in strict conformity with the facts is inconceivable. How should the necessary mass of data merely be collected, much less the endless calculations performed? What is the use of wanting to preserve determinism "in principle" by telling ourselves that the paths of the discs could be unequivocally determined if we knew the precise initial conditions of the experiment and all the adventitious factors? For we must immediately add that there is no prospect of ever obtaining this information. We would have had recourse to an assertion, the truth of which could never be put to the test, and would have in that way given a scientific principle the status of a dogma. It is much more straightforward and correct to pronounce the lot of the discs a matter of chance. Then the new task of studying the characteristics of fortuitous events arises.

Scientific research has done this. It developed the statistical method with the calculus of probabilities and, on the basis of certain premises, could wrest conformity to law from the chaos of chance. In our example, provided the number of discs and of rows of nails be sufficiently large, a distribution is observed that agrees well with the formula given by Gauss.

We must understand that it is by no means solely in the case of games of chance that deterministic mechanics breaks down. There is a host of problems—I mention only random motion in liquids and gases—which admit of entirely analogous points of view. A new mechanics, which v. Mises contrasts with the fixed, classical mechanics as "mechanical statistics" or "free mechanics", has sprung from work with these phenomena.

I should not care to tarry too long in the field of physics, a domain equally remote to you and to me; but I fear lest my meagre account lead you into a very natural misapprehension.

Perhaps you are charging me with undue haste in the formation of my opinion of determinism. If the new procedure, too, permits us to confirm the fact that natural phenomena conform to laws, then it is precisely the old methods and not the principle of causality that has failed. This objection, however, misses the mark, for the fact that certain phenomena are expressible in laws is not identical with determinism, as, for example, Helmholtz believed, and as is frequently asserted to this very day.² We have only to realize the profound difference between conformity to law from the causal and from the statistical standpoints in order to clear up this question.

The deterministic view contemplates the individual event and the deterministic law definitely fixes the entire time-space course of a phenomenon. For example, if we have found that in the case of gravitation phenomena, Newton's law is valid within a certain limit of accuracy, the events investigated seem determined thereby in every respect, and we should expect a similar effect in every subsequent instance in which ponderable masses act upon one another.

The state of affairs is quite different in the case of statistical laws. From the standpoint of statistics, whether applied to atoms and molecules, to grossly perceptible masses or to living organisms, the individual factor sinks into insignificance. The statistical view always envisages aggregates of phenomena which it groups together under the empirical viewpoint of similarity. Hence, we can learn nothing about single occurrences from a statistical correlation. As for phenomena taken collectively, it tells us only the relative frequency of the possible issues. You will not be enlightened then in respect to individual happenings on the Galton frame by the frequency distribution function of Gauss. Each disc describes a course that is spatially

² Helmholtz—1881—(according to Exner, l. c.): “I realized only later that the principle of causality really was nothing more than the hypothesis that all natural phenomena happen according to law.”

M. Schlick—1920—(l. c.): “The assertion that events are universally determinate in nature, predicated by the causality principle, is accordingly identical with the universal existence of natural laws.”

and temporally independent of those of the other discs. We do not know what path a given disc will take. The formula embraces the total phenomenon and clarifies it in one respect by indicating the end result. It does so, however, only when certain restrictive conditions are satisfied. But the way in which such a result comes to pass remains unknown. The computation of probabilities achieves its results from so-called initial probabilities, hence from certain abstract auxiliary assumptions which one should indeed not understand as the "causes" or "conditions" of the process in question in the deterministic sense. The "conditions," in the deterministic sense of the term, resident in the fine structural inaccuracies of the apparatus are not touched at all by the probabilistic point of view and remain as before, unknown to us. The computation of probabilities is a neat construction which—expressed in deterministic language—spans a sea of unknown conditions and furnishes results which tally sufficiently with experience without disclosing to us either for what reasons or in what way the calculated results come about. I believe that now we see clearly that with the statistical method the deterministic manner of thinking ceases completely and that natural science has really trod a new path.

As a result of their general insight into this situation, investigators of today—more strictly speaking, some investigators—have been obliged to modify their evaluation of the causality principle from the standpoint of the theory of knowledge. They no longer deem it a fundamental law established for all time. Like many an apodeictical scientific tenet, the causality principle, too, has been allotted the more modest rôle of an hypothesis that is judged, maintained or abandoned solely on the basis of its serviceableness. Hitherto, the deterministic postulate was of surpassing importance to research. Now, however, it has reached the limit of its usefulness and it can be replaced by new scientific postulates. Freud once styled determinism a preconceived idea.³ We are beginning to

³ Freud: *Über Psychoanalyse. Fünf Vorlesungen.* 2. Aufl. 1912. (Trans. in Am. J. Psychol. 1910.)

discern how profoundly significant this assertion is. Besides, the effects of the new conception are still more far-reaching. It is becoming more and more evident that causal laws themselves do not possess the exactness that fanatics ascribed to them. Stimulated especially by the investigations of Ernst Mach, science is proceeding to a "transvaluation" of deterministic principles. It is not our intention to pursue these lines of thought.

You are perhaps already impatient to learn of what direct interest our representations can be to the psychoanalyst. It is a well-known technical difficulty of applied psychoanalysis that all the unfamiliar material must be communicated before the psychoanalytic investigation itself can be instituted. The significance of the problem of determinism for psychoanalysis is surely one not to be underestimated. Yet we do not wish to take this consideration as our point of departure. First of all, our attention must be claimed by that psychological reaction which precipitated among scientists the change in principles alluded to—a change that is still in full swing today.

We may characterize this reaction as a perplexing one. After Maxwell (1859, in the kinetic theory of gases) and later, Boltzmann (1895, in the case of the second law of thermodynamics) had successfully introduced the probabilistic approach into physics and a physics based on statistics gradually began to develop, it was soon noticed that the statistical conception of phenomena clashed so to speak with deterministic physics. This entailed a distressing discrepancy that scientists wanted to get rid of somehow. Worse than this discordance were certain purely emotional factors that asserted themselves. Genuine confidence in scientific assertions that were predicated "merely" on a statistical basis and that claimed only a given degree of probability instead of deterministic certainty failed to arise. Scientists felt their craving for knowledge, their "natural need of causality" unsatisfied. They did not know where to accommodate the new points of view in their reasoning. Social statistics always had to contend with similar difficulties, and

in this way, efforts emanating from both quarters were instituted to reduce statistical formulations to a causal basis.⁴ Every endeavor in that direction remained nevertheless unsuccessful and, since physicists did not wish to give up the concept of causality, they heedlessly ignored the very promising methods of statistics for decades. You can readily judge what a checking of progress was produced at this juncture by the deterministic point of view, otherwise so profitable. Although the very beginnings of mechanical statistics date back more than sixty years, this science must still struggle for recognition today, as the cited contribution of v. Mises indicates. I can assure you that rational factors, perhaps a less practical utilization of statistical results, do not participate in this resistance to a degree worth mentioning. Physics presents a host of problems that are inaccessible to deterministic treatment, in which the individual events recede completely behind the phenomenon as a whole from the standpoint of both our theoretical and practical interest.

In the history of science, the spectacle of men opposing a scientific innovation with the most intense resistances and of arresting the further development of scientific inquiry for a long time, has repeated itself on innumerable occasions. Freud's investigations have demonstrated that it is always a matter of affective motives disguising themselves as an intellectual opposition. He was able to show us in the case of several excellent examples what sensibilities were thus offended and how this provoked mankind's perverse behavior.⁵ We have now received the impression that in our mental life the principle of causality acquires an emotional coloring that seems to us incongruous in the face of such an essentially prosaic scientific abstraction. We already suspect that unconscious impulses are at play here and we set ourselves the task of tracing the psychical origin of the causality credo. In so

⁴ Cf. Timmerding: *Die Analyse des Zufalls*, 1915, in which the pertinent literature is treated.

⁵ Freud: *One of the Difficulties of Psychoanalysis*, 1917. *Coll. Papers*, IV.

doing, we must succeed in demonstrating the hidden instinctual forces from which this mental construction receives its affective cathexis.

Let us first cast a cursory glance upon the history of the notion of causality.⁶ Its very beginnings may be traced as far back as ancient Greece. However, it became the universal basis of natural philosophy only after the theological era of the Middle Ages as a result of the labors of Bacon, Galileo, Newton and the philosopher, Descartes. We can perhaps sum up its content as first formulated as follows: every effect arises from a cause; like causes produce like results. Then, in the course of time, it met with the most varied constructions and formulations. Its anthropomorphism, the obvious analogy of the idea of cause with man's will, repeatedly engaged the attention of thinkers. But they were less concerned with the psychologic origin of the notion than with its logical justification and the demonstration of its validity. I make mention of the fact that Hume, who explains the matter rather on a psychological basis, attributes the belief in causality to association, expectation and habit and hence disputes its capability of being verified and its strict validity. On the other hand, Kant conceives of it as an a priori category of thought, while Mill, Spencer and others derive it from experience and induction. These efforts concern us but little, as do similarly the later transformations that the causality principle underwent. Since the idea of cause contained in the original causality tenet is disposed of in the "conditionalism" of Verworn by the means of "conditions" (originated by Goethe) and since Ernst Mach replaces the whole formula with the mathematical-functional connection of sensational elements, the aim of this transformation becomes clear. It wishes to eliminate the objectionable anthropomorphic quality of the causality principle and lets it assume increasingly abstract forms, while the underlying idea remains unchanged.

If we subject the doctrine of an absolute causality in nature—

⁶ Eisler, R.: *Handwörterbuch der Philosophie*, 1913.

the strict determinateness of all happenings—to a psychological examination, the parallel with the dogma of religious determinism forces itself upon us quite automatically. This spontaneous association has undoubtedly already made many individuals suspicious. We, however, ought not to be deterred from taking the idea seriously. We want to follow up its implications with our psychoanalytic armamentarium. In the first place, the parallel shows that the idea of an unequivocal causal determining of cosmic processes is common to both formulations, the religious as well as the scientific. Then we find other points in respect of which they behave like opposites. Religion attributes all the processes of the universe to a single cause known to the faithful as the will of God. Science presumes the existence of different causes behind each variety of processes, which are not given it a priori, but which it must rather seek in each instance. Religion then does not stimulate research at all. It finds its complement in a "psychological technique"⁷ that aims at obtaining God's grace. Man need not concern himself in what way the will of God then brings about what was requested of Him. Scientific determinism on the contrary actually invites research. It goes hand in hand with a materialistic technique that effects the desired changes by means of an actual intervention among natural processes. Besides, it no longer suffices to discover an answer to the question why an event happens; an interest is felt in learning how processes go on, what regulative principles govern them. With the awakening of this interest mankind took a step to which we rightly concede a decisive significance in the evolution of science.

It is not difficult to pass on from the comparative description of both systems of thought to a psychoanalytical understanding of them. We know that historically the one succeeded the other, and we need only introduce at this point the natural supposition that scientific determinism sprang from religious determinism thanks to a wave of repression. The process that

⁷ Cf. Freud: *Totem and Taboo*, 1913.

produced this result could be more accurately called a mental revolt, for it embraces the entire gamut of psychical defense procedures: conscious opposition, condemnation, suppression and repression. However, repression is undoubtedly the most significant participant therein.

The mental revolt is aimed, as is clear, at the authority of God. The idea that He rules the world with His will is now negated and repressed. But it lives on basically unaltered. For mankind has scarcely freed itself from the thought of a single determinative Will, when it hastens to introduce a multiplicity of wills as a substitute into the cosmology that it had to create anew. It gives them, to be sure, the impersonal name of "natural forces". The substitute formation is not even an unique one. We have no difficulty in recognizing the new guise of the spirits and deities that the animistic age placed behind natural processes. In modern science, as we know, the most important question concerning forces appears displaced upon the work done by them, which we term energy. The case is altered thereby only to the extent that we can now designate the attitude of physics toward the universe a polyenergetic one. However, scientific inquiry does not rest satisfied with this situation. It is pervaded with an impulsion toward increasing unification and has set up an ideal worthy of pursuit in cosmological monism. This tendency received a brilliant and undoubtedly apposite rationalization through the "economic principle" of thought suggested by Ernst Mach. We, however, should recognize the return in scientific form of the recently repressed monotheistic conception under the guise of the desired monism. As is well known, the glowing scientific phantasy of the great astronomer, Laplace, anticipated the realization of the monistic scientific ideal. The intelligence, invented by him, that holds all natural laws condensed into a single mathematical-analytical formula and that derives past and future from any given situation flawlessly, conjures up in us with "uncanny" certitude the image of an omniscient and omnipotent God. Here, too, the repeated admonition of

Freud should be quoted, not to expect science to replace the catechism. It is precisely in respect of certain monistic tendencies that we can confirm how justified this warning is.

Let us follow up the further explanations to which our assumption leads. Religion, as we have learned from Freud, affords the true believer a gratification-situation.⁸ His intellect and his emotions are bound up with the person of his God, unto whom he has committed himself; in the presence of such a tie no genuine curiosity can arise. Whatever appears in the way of an impulse to investigate takes—since access to the physical world is blocked by divine authority—the person of God as its object and tries to fathom His mysterious nature. This mental activity engenders a “science” that is entirely removed from reality and that neither knows nor admits of an empirical check. The psychical revolt changes this picture. Divine authority is abolished and the defiant rebel is thrown upon his own resources. But now he is also free of the paralyzing influence that hitherto trammelled his thoughts and his feelings. Now he can attack the physical world with the full force of his pent-up thirst for knowledge and of his hankering. The phenomenal world (to be sure only an extension of the idea of earth) is thought of as his mother in his unconscious. The changed behavior can be understood in the light of the new psychical situation without difficulty.

If you are willing to take into account the fact that we investigate such complicated phenomena as the religious and scientific conceptions of the universe under the limitation imposed by our aim and that we also reduce them so to speak to an imaginary schema, then our description finds an excellent confirmation in the historical facts.

We have postulated a psychical revolt and should demonstrate the considerations that caused it. I wish to stress but two among the great array of these—the two that seem to be the most important. The one, an internal motive, is the hos-

⁸ Freud: *Totem and Taboo*. Idem: *From the History of an Infantile Neurosis*. *Coll. Papers*, III, 1918.

tility of old, inherent in the father complex. The other, externally operative, is the struggle for life. Indeed, it was only owing to the many inconsistencies in the religious view of the world that it contrived any adaptation to reality at all. This, however, fell increasingly short of social needs. After the psychical revolt came a hitherto undreamed of control over the struggle for existence. This is the basis of its very great significance in the development of civilization.

Having succeeded in tracing the origin of scientific determinism to its religious precursor, let us pursue its noble genealogy further. We know that monotheistic religion appropriated determinism from the animistic-mythological system of thought that preceded the former historically. We have already encountered polytheistic determinism in its modern guise in the form of "polyenergetics". We cannot take any special interest therein since the question of the genesis of religious determinism is most intimately linked with the general evolution of religion, and therefore eludes isolated treatment.

Let us then take the final step that leads back to the earliest stage of human development. Since Freud's investigations have rendered the principal part of pre-history psychologically understandable,⁹ we can enter this obscure field with a feeling of fortified assurance. Freud's reconstruction gives us to understand that the primal human community was arbitrarily ruled by an exceedingly powerful chief. We know, too, what kind of organization characterized this "primal horde" from the standpoint of group psychology. All the sons were fettered to the tyranny of the hostile and feared primal father by libidinal ties. The latter commanded their persons and fates with a plenitude of power never duplicated. His will governed their world, ordained their lives and their deaths. This furnished the situation in which mankind acquired the idea of determinism. It really required but a very small step for the primitive mentation of the sons to extend the inexorable

⁹ Freud: *Totem and Taboo*. Idem: *Group Psychology and the Analysis of the Ego*, 1922.

omnipotence of the father of the horde to the rest of the universe. Compare with this the position that the person of the king receives even today in the thoughts of primitive peoples. Freud, referring to Fraser, states:¹⁰ "Strictly speaking, he is a person who regulates the course of the world; his people have to thank him not only for rain and sunshine which allow the fruits of the earth to grow, but also for the wind which brings the ships to their shores and for the solid ground on which they set their feet." How faithfully the ontogenetic development of people repeats this situation is demonstrated by Ferenczi in his study of the infantile roots of hypnosis and of the stages in the development of the sense of reality.¹¹

If the overpowering will of the primal father is reflected in this manner in mankind's belief in causality, it is because his command was the first law—the prototype of all subsequent establishing of laws, including scientific ones. The ambivalent attitude of the sons toward the dictates of the primal father proved withal ineradicable, and having found expression in the sphere of religion, it constituted the basis of scientific scepticism.

It is as little possible for us to trace here the evolution that transformed primal determinism into the pluralistic system of the mythological level, as the advance from the animistic to the monotheistic formulation, which also eluded our discussion. Instead, we can now supplement our conception of the origin of scientific determinism, which is our chief concern, in one respect. You will recall the description that Freud, assisted by Rank, gave us of the advance of the individual from group to individual psychology in the mental development of man.¹² After the murder of the primal father, during the period without master, "some individual, in the exigency of his longing, may have been moved to free himself from the group and take

¹⁰ Freud: *Totem and Taboo*. Pp. 73-74.

¹¹ Ferenczi: *Contributions to Psychoanalysis*, 1916: "Introjection and Transference." Idem: *op. cit.*: "Stages in the Development of the Sense of Reality."

¹² Freud: *Group Psychology and the Analysis of the Ego*, 1922. P. 113 ff.

over the father's part. He who did this was the first epic poet; and the advance was achieved in his imagination. This poet disguised the truth with lies in accordance with his longing. He invented the heroic myth. . . . The myth, then, is the step by which the individual emerges from group psychology." But the poet can find the way back to the group "for he goes and relates to the group his hero's deeds which he has invented".

I believe that the birth of science from the spirit of religion must have taken place in a similar manner at another stage in human development. The first scientists—history has recorded their names—follow in the wake of their predecessors, the poets, by freeing themselves from the communion of believers, by repeating the crime in phantasy and by supplanting the Father God. Whilst formerly it was His Divine Wisdom that gave the world laws, now this rôle is assumed by their human intelligence. They create the ideal of self-sufficient naturalists. In so doing, they have to destroy the "lying fancy" of their predecessors, the poets. Now, their own individuality, undisguised, takes the place of the fabled Hero God, while they replace the explanatory nature myth with a new invention, which will be much more in keeping with reality, and which on that account affords the mind very much less satisfaction. But the masses do not wish to be dragged down to reality from the heights of illusion. Since it is at first impossible for them to identify themselves with the person of the investigator, they stone him as soon as he dares to follow the example of his forefathers, the poets, and to venture into their midst. Respect for science and for the scientist appeared later, after the latter had succeeded in attracting the masses with the recompense of the usefulness of his lore.

Only now, I believe, can we appreciate in every particular the psychological significance of the deterministic fiction for science. It makes an identification with the psychically imperishable figure of the primal father easily possible for the investigator and all who are guided by him. It permits them to enjoy

the reflected splendor of his omnipotence in an intellectual grasp of the world. To be sure, the more modest statistical approach leads also to an intellectual mastery of nature. However, by foregoing of necessity the fabrication of causal connections, it made the identification in question more difficult for the investigator, and in this way, it deprived him of a good part of his mental gratification.

Compared with this "thought-omnipotence"¹³ afforded by science, the material power that the practical application of the latter offers man seems insignificant. We have recognized external necessity as a potent instigator of investigation. Now we see, however, that its mainspring is an internal pressure, from which it is intended to liberate mankind. Thus science fundamentally serves the same rôle in our mental life as does poetry, of which it is the ontogenetic offshoot and which it will perhaps one day wholly replace.¹⁴ In the fictional world of art man remains on the archaic level of the pleasure principle, as Freud showed us;¹⁵ whereas the world of science betokens to him the supreme triumph of the reality principle. To be sure, these are great extremes, and in art and science we are accustomed to perceive diametrical opposites. Here we found occasion to emphasize what is common to the psychical origin of both. Let us not forget that the reality principle, too, ultimately aims at pleasure. We are indebted to research for the pleasure in knowing, which—certainly much more difficult to attain—is closely related to the poetic delights of art. The former also proves to be to a high degree independent of satisfaction in the utility of knowledge, with which it is generally associated. The pleasure in knowing can easily change regressively into a purely artistic delight. This is the case when the investigator—often entirely unwittingly—passes over from a heuristic working hypothesis into an hedonistic speculation,

¹³ Cf. Freud: *Totem and Taboo*.

¹⁴ Cf., in Rank's *Das Inzest-Motiv in Dichtung und Sage*, 1912, the closing remarks on the future of the drama.

¹⁵ Freud: *Formulations Regarding the Two Principles in Mental Functioning*, 1911. *Coll. Papers*, IV.

which only illudes him with pseudo-knowledge. Freud called such speculations "scientific myths". They constitute that bit of fiction which in science supplements the truth. Let us confess that science would perforce become sadly impoverished, should it deny itself this liberty. Moreover, a later age often transforms the wishful dreams of research into knowledge to which no exception can be taken—ancient atomism and modern atomic physics provide an excellent example of this—and therein even the most sober critic of science may find solace.

Further insight, that may merit attention, is linked with our conclusions. We have learned that the idea of causality came into existence through primitive man's projection outward of an internal perception, that emanated from his reactions both as an individual and as a member of a group. We know that determinism has retained this "animistic" impress, even as a scientific principle. Upon occasion, I chanced the experiment¹⁶ of reducing highly evolved, abstract scientific conceptual constructions to their psychical substrates. In so doing I always arrived at the same result. The formation of concepts and theories in science quite regularly begins with self-perceptions, of a nature pertaining to both individual and group psychology, that are animistically shifted to the external world.¹⁷ The choice of the psychical material that finds such utilization, as well as the way in which problems are put in science, appears to conform to the demands of the sexual instinct and of its attendant pleasure principle. Although Freud prepared us for the realization¹⁸ that much contained in humanity's animistic conception of the world can still be

¹⁶ In an essay in preparation: *Das Werden der Geometrie*. [Not yet published. THE EDITORS.]

¹⁷ Cf., the following passage from Freud's *Instincts and Their Vicissitudes*, 1915, *Coll. Papers* IV: "The true beginning of scientific activity consists rather in describing phenomena and then in proceeding to group, classify and correlate them. Even at the stage of description it is not possible to avoid applying certain abstract ideas to the material in hand, ideas derived from various sources and certainly not the fruit of the new experience only." (Italicized by myself.)

¹⁸ In *Totem and Taboo*.

demonstrated today "as the foundation of our language, our beliefs and our philosophy", this assertion may at first sound surprising in the face of our materialistic predilection. Yet we soon perceive that it cannot indeed be otherwise and we take the liberty of appending to Freud's account the statement that our whole scientific conception of the universe, based as it is on research, is a legitimate derivative of the animistic system of thought. Moreover, we should be ever mindful of the fact that the materialistic sovereignty of natural science obtains only for our consciousness; in the unconscious animistic thinking indeed holds unlimited sway.

On the other hand, we do not wish, of course, to lose sight of the great dissimilarities that separate the animistic and the scientific systems of thought so pronouncedly when we evaluate them. We look to the analytic viewpoint to enlighten us as to the psychological basis of these differences.

I intend to touch upon this question, which constitutes a fundamental problem of the psychology of research, only cursorily. While animism projects the unalloyed products of internal perception, subject at most to the censorship of conscience, into the external world in the form of an explanation of nature, in the case of scientific thinking self-perceptions must pass through a complicated mental process. This process might be termed the "knowledge-work", since the study of it finds such an excellent model in the case of the well-known dream-work. A consideration of the data of sense-perception and of memory and, also, secondary elaboration are conspicuous for their significance in this connection. This assertion is, of course, identical with the predication of a general reality-testing function, as well as of an "economic tendency" subordinated to the former. They distinguish scientific reasoning from all other forms of thinking.¹⁹

Finally, I should not like to leave our theme before dis-

¹⁹ Cf., Freud: *The Interpretation of Dreams*. Idem: *Formulations*, etc. Ernst Mach: *Die Analyse der Empfindungen*, 1911. Idem: *Erkenntnis und Irrtum*, 1906.

cussing briefly a question, that has presumably been stirring in your minds for some time. We have investigated the origin and significance of determinism, as well as the substitution of the statistical principle for it in natural science. In so doing we had confined ourselves to the physical disciplines. Now we can ask: what then may the situation be as regards determinism, in the case of psychoanalysis? I trust that a reliable and explicit answer can be given. Psychoanalysis has but recently begun to exploit the immeasurable advantages that the deterministic viewpoint affords it and it will have to work hard to exhaust the possibilities of that principle. In matters of science we should certainly not venture to make prophecies. We cannot foresee when and at what point in our work the statistical view, or one as yet unknown, will oust determinism from the domain of psychoanalysis. But I should not be surprised were psychoanalysis to succeed in attaining a complete understanding of our mental life with its deterministic manner of viewing things. Determinism has, to be sure, proved to be a truly anthropomorphic postulate. However, our mental life is an exquisitely anthropomorphic object of research; it is *ἀνθρώπος* himself. In the pre-psychanalytical era we met with enough deterring examples of psychologies that approached the study of man's mental life with premises far removed from humanity.

CAUSALITY AND PSYCHOANALYSIS

A Letter to the Editors of The Psychoanalytic Quarterly

BY MARKUS REINER (EASTON, PA.)*

Sirs:

You have requested me to discuss Dr. Radó's *Die Wege der Naturforschung im Lichte der Psychoanalyse*¹ from the standpoint of a representative of the exact sciences, the occasion being its publication in an English translation, in the pages of your QUARTERLY. Of course, I shall have nothing to say on the psychoanalytic content of the article, which in this age of extreme specialization correlates with extraordinary versatility fields as remote from each other as theoretical physics and psychoanalysis. As to the emotional attitude of the defenders of the traditional concept of causality, I may quote the physicist Heisenberg, who states that "the violence of the arguments regarding the law of causality often gave one the impression that the problem under discussion was not a scientific but a religious subject".² Moreover, even Planck, whose quantum theory has, in fact, undermined the system of classical—that is, strictly causal—physics, supports the a priori causality principle in the Kantian sense, contending that it alone can be regarded as "satisfying".³

Dr. Radó's disclosure of the psychoanalytic root (not the only root, of course) of the concept of causality is probably a lasting contribution, unaffected by the advance which has taken place in the field of physics since 1922, the year in which the article was first published in German. However, this advance, which

* D.Sc.Tech., Visiting Research Professor, Department of Chemistry and Metallurgy, Lafayette College, Easton, Pa.

¹ First appeared in *Imago* VIII:401, 1922. (English trans., this QUARTERLY, I, 4, 1932.)

² *Erkenntnis* II:172, 1931.

³ *The Universe in the Light of Modern Physics*. New York, 1931, p. 88.

in fact progressed most rapidly after that year, brought about new developments (some of them entirely unexpected) in two directions, on which, I think, psychoanalysis should now take a stand. I have in mind, first, the general problem of determinism, regarding which Dr. Radó had merely said, that it was certainly a subject of no slight importance to psychoanalysis, and had left it at that, secondly, an entirely new point of view introduced into theoretical physics, which I might term "the principle of interference with the phenomenon by the act of observation, if both are of the same order of magnitude"—a point of view which seems to me to be of fundamental importance to psychoanalysis. This will be clarified in the course of my argument.

1.

To outline the attitude of physics to the problem of "causality and statistics", it would be well to start with Dr. Radó's example of the Galton frame. The career of one of the discs, which begins its life-course from some compartment, always under the pull of gravity, bouncing against the various pegs, and repelled by them, falling through the gaps between them, finally ending its course somewhere on the bottom, can be very well determined by the laws of strictly causal Newtonian mechanics—hardly less so than the orbit of a comet traveling in space through gaps between heavenly bodies—gaps, to be sure, so immense that collisions hardly ever occur. The important question is whether we are interested in the career of *any one* particular disc. If that be the case, we must naturally make an effort to determine its exact form and to map out the topography of the entire universe of pegs through which it will have to travel, just as in computing the orbit of a comet we must have an accurate chart of the part of the heavens through which it passes. Finally, we must also know, at some definite point of time, the position as well as the instantaneous momentum of the disc;⁴ then we can compute

⁴ This is expressed in a somewhat simplified form, but it does not matter.

its entire history (or career) from its "birth" at the top of the frame until its "death" at the bottom with the certainty and accuracy of solar eclipse calculations. . . . This, the statistical method cannot do, as Radó, too, has pointed out (p. 684). The statistical method cannot tell us what will happen to the *one* disc (which I shall assume painted red for the sake of identification) and where it will end its career; and in this respect the statistical method is actually less efficient than the causal. Of course there is the difficulty of providing "the necessary mass of data" and of mastering "endless calculations" (Radó, p. 685). But, this difficulty is one of practice, not of principle. Hosts of scientific workers throughout the world are ready to provide the "necessary mass of data" and the "endless calculations" of astronomy. We need only suppose that the Nizam of Hyderabad becomes suddenly convinced that his fate depends upon the course of that red disc on an endless Galton frame (and just such motives procured for the young science of astronomy the financial backing of the medieval princes of Europe) to recognize that the practical difficulty is in fact a very common one—a simple question of money and work.

This point, which in Dr. Radó's presentation might have led to some misunderstanding, had to be clarified. If the career of the individual disc does not interest us, and if we are interested only in the ultimate distribution of a large number of discs, then we rise one rung higher in the ladder of magnitudes and in this mass phenomenon the individual object becomes merely an unidentifiable statistical unit.

Classical physics—and this is all physics preceding the quantum physics, which could not have been considered in Dr. Radó's article—knew therefore two kinds of laws, the causal for individual phenomena and the statistical for mass phenomena. But these two kinds of laws were in no way opposed to each other. In the same way, the census statistician, while stating certain laws regarding the average behavior of the population, does not doubt for a moment that each *indi-*

vidual case is causally determined, and absolutely so, though it slips by the law of the average.⁵ Similarly physicists were convinced that investigation had shown "that if we assume for each occurrence⁶ the validity of dynamic laws and therefore of strict causality, there will result just those laws of probability which observations have established".⁷ In a classical system, therefore, it was possible for the statistical methods of correlation psychology to exist side by side with the strictly causal method of psychoanalysis; it was possible to regard the laws of the former as theoretically deducible from the findings of the latter. The method of treatment of the individual was likewise resolved into the very practical consideration of work and remuneration.

This situation has been changed fundamentally.

2.

Before I describe this changed situation, it will be necessary to answer a question which my readers may have wished raised earlier.

The question is: Just how can the causal method make rigorously accurate assertions about the course of events? And, on what fact of reality is it based?

This problem is complicated. I can treat of it here only superficially, yet treat of it I must, in order to clarify what will follow.

The method of strict causality is no other than the one which we employ in the general process of thinking: it is largely the making of *concepts*. But the "rigor" of the method requires that the concepts should be defined with equal rigor. The rigorous laws of science are nothing else than "implicit" definitions of such rigorous concepts. From the laws we derive

⁵ Compare, e. g., Hugo Bergmann, *Der Kampf um das Kausalitätsgesetz in der jüngsten Physik*. Braunschweig, 1929, p. 30.

⁶ In molecular dynamics, M. R.

⁷ Planck: *Kausalgesetz und Willensfreiheit*. Berlin, 1923, p. 33.

logical deductions, that is, we construct, according to an expression by L. Wittgenstein,⁸ "tautological transformations" of the propositions, and these deductions are the strictly valid assertions mentioned above.

An example from the field, familiar to grammar school pupils, will clarify this. We all remember the impressive structure of Euclidean geometry. From time immemorial this was the *model of rigorous theory*, whose propositions laid claim to infallibility. Yet, this was so only because these propositions are tautological transformations of the axioms, with the aid of which the fundamental concepts of geometry were no more than defined. Thus, the axiom that only one straight line can be drawn between two points is nothing else than an implicit definition of the concept "straight line". Another Euclidean axiom (the eleventh) defines the concept of a parallel. From these two axioms follows the necessary conclusion that the sum of the angles of a triangle is equal to 180 degrees. But all this has nothing to do with reality. In reality, the straightest of straight edges will not give us a Euclidean straight line, for it is possible to draw many "straight lines" between two points with this straight edge. Therefore the sum of the angles of a real triangle is not 180 degrees but more or less than 180 degrees. This method, the axiomatic method, can be applied to any arbitrary idea whatsoever with equal rigor. It is possible, for example, to start out with a rigorous definition of the concept "Devil" and then proceed to derive the Devil's characteristics, no matter whether the Devil exists or not.

But if such a theory is to have scientific significance a connection with reality must be established. This is effected by referring to really existing things which correspond to the concepts. Then it can be said that inasmuch as there are such things as (approximately) straight lines and (approximate) parallels, the sum of the angles of a triangle is (approximately) 180 degrees.

⁸ *Tractatus logico-philosophicus*. London, 1922.

Such a method must appear to the reader as distinctly artificial, and so it is. Allowing ourselves a variation on an expression of Einstein's, it is possible to say that the laws of the exact sciences are exact, only in so far as they do not refer to reality; and that in so far as they do refer to reality they are not exact. But if you believe that the calculus of probabilities, which is the basis of statistical discipline, proceeds by a different method, you will be disillusioned by the philosophical chapters in v. Mises' textbook.⁹ For the mathematical science of mass phenomena, the calculus of probabilities, must also derive its deductions from axioms and must start its calculations with certain given "initial probabilities"¹⁰ which likewise cannot be gathered empirically. Then if the theoretical result be compared with actual experience, the degree of agreement between the two can only indicate how far the real thing for which the calculation was carried out corresponds to the assumed pattern with which it started. Thus, the initial probability for the Galton frame is that the chances for the disc's falling to the right or to the left of the peg are equal. The calculation will then result in a distribution of the discs at the bottom in accordance with the Gauss curve.¹¹ In reality, this distribution will never be observed, analogous to the above-mentioned case of Euclidean geometry; but in so far as the real distribution is Gaussian, there exists in reality an approximation to a Galton frame with an initial probability of $1/2$.

Now we shall proceed to answer the second part of the question: what fact of reality makes the method, which by way of greater generalization we call mathematical, a working method? The answer is not difficult: it is that fact which underlies the construction of concepts—namely, the fact that *there are things which are similar*. This platitude and nothing more constitutes the empirical content of experience. The

⁹ *Wahrscheinlichkeitsrechnung*. Leipzig und Wien, 1931.

¹⁰ Radó: *op. cit.*

¹¹ Radó: *op. cit.*

mathematical method is based upon the axiomatic *equating* of conceptual objects on the strength of the *resemblance* of objects in the world of reality.

At this point I cannot resist the temptation of a digression. It is psychologically interesting that it was a constant aim of scientific speculation to exemplify the axiomatic equating (*Gleichsetzung*) of conceptual objects *in reality*—that is, by viewing the undeniable variety of real objects as products of various combinations of real things, which in themselves are equal in every respect, as for example, equal atoms, or electrons or protons. Of course, there is a preconceived notion in this,—a notion which fled into a realm beyond all experience. After all, it would be more natural to assume that real things, including atoms, are dissimilar, diverse. In H. G. Wells's *First and Last Things* this idea was treated more impressively than anywhere else. Here is a problem worthy of the sagacity of the psychoanalyst. Its solution would at the same time throw light upon the origin of the process of concept making.

Let us return to our main subject. We have acquainted ourselves with the mathematical method. The method of rigorous causality is of the same nature. Now, wherein does it differ from, say, rigorous geometry?

Schopenhauer believed that it was possible to differentiate “four roots of the principle of sufficient reason”, four ways of answering the question “Why?” One of these is the logical “reason of knowing”: the reason from which the conclusion will logically follow. “Caius is mortal, because all men are mortal.” Then, as a disciple of Kant's, he introduced the “principle of sufficient reason of being” as a specific class. This was to be the basis of the geometric perception, which is direct, intuitional and not derived from concepts. This standpoint was shown to be untenable by the work of Hilbert, who at the same time developed the above-mentioned “axiomatic” conception, which reduced the intuitive geometric “reason of being” to a logical “reason of knowing”. (p. 118,

18.) The third root is the "sufficient reason of *becoming*"—causality. The causal relation of *becoming* is differentiated, then, from the geometric relation of *being* by the addition of the time-coördinate: cause and effect stand in a time relation to each other, the cause precedes the effect, and the latter follows the former.

3.

I have at last reached the point where I can say what constitutes one of the two new points of view in physics as to causality. As early as 1905, Einstein and Minkowski¹² in their special theory of relativity had treated time as a coördinate similar to usual space coördinates. And just as in reality there is no front or back, right or left, above and below—these concepts being relative, or even arbitrary—so there is not in reality "time before" or "time after", although time-relationships do exist. That is to say, just as it is possible to designate the route Bremen-New York as "outgoing" or "incoming", we can similarly lay out the time path Napoleon I-Mussolini, equally well in the direction of "into the future" or "into the past". From the point of view of causal relations, this would mean: either Mussolini as the consequence of Napoleon I or *vice versa* Napoleon I as the cause of Mussolini—in which case future and past, as well as cause and effect, would be just as interchangeable as "incoming" and "outgoing" in the case of Bremen-New York. In fact, physics became aware of this, too; that in all its strictly causal laws the time element is *reversible*. For example, it is possible to photograph a stone in the process of falling to the ground and then let the film run in the opposite direction: in that case, we will see a stone whose motion obeys exactly the laws for an object thrown from the ground upwards; nothing will appear to contradict this.

To be sure, it was believed that there is one law—the second law of thermodynamics—in which time has a very definite

¹² Einstein, A., Ann. d. Physik XVII:891, 1905. Minkowski, H., Physik. Ztschr. X:104, 1909.

direction. Popularly expressed, this law states that in a system left to itself the elements become increasingly disordered. (We may in this instance think of a bachelor's clothes-closet which, let us assume, had been once neatly arranged by his mother.) "Become increasingly" implies and defines a direction from past to future. But, Boltzmann had already shown as early as 1895, that the second law of thermodynamics refers to a mass phenomenon, that is, it depends upon the probabilistic approach of physics.¹³ It became clear then that cases in which *entropy* (the measure of disorder) decreases instead of increases not only may, but *must* occur in the long run. If the "increasing time" is to vary directly with "increasing entropy", time itself would have to increase and decrease alternately in the course of time, if one may say so. In connection with the physicist's sharpened awareness of the physical meaning of time, thanks to the theory of relativity, it has been concluded finally that the "concept of direction of time", ("the arrow of time", as Eddington calls it) that is, the idea of an absolute "earlier" and "later" is foreign to physical science.¹⁴

With this, occurrences in time become fixed; they form, as has been aptly expressed, a "time-landscape".¹⁵ Physics differs from geometry merely by an additional fourth dimension: hence, the difference is not essential. The "sufficient reason of becoming" is identical with the "sufficient reason of being", and both go back to the logical "reason of knowing". It is not true, therefore, that physical reality consists of similar three dimensional objects, which *behave* similarly (which axiomatically has been expressed through strict causality). Physical reality consists of similar four dimensional objects—that is, objects which are similar in all four dimensions—one time dimension and three ordinary space dimensions—and nothing but that!

With this, the concept of causality ceases to exist in physics.

¹³ Radó: *op. cit.*

¹⁴ Schrödinger: *Über die Umkehrung der Naturgesetze*, Sitzber. der preuss. Akad. d. Wiss. VIII, IX, 144, 1931.

¹⁵ Bergmann: *l. c.*, p. 61.

4.

This radical conclusion is merely the consummation of a process that was deemed essential for the development of physics. It is the de-anthropomorphization of experience. It has been pronounced with great emphasis by Planck himself, to be the goal of physics.¹⁶ Accordingly, the task of physics is to construct a world from which consciousness is excluded.¹⁷ With this goal, neither course of time, the direction of which is determined *solely* by inner perception, nor its consequence, causality, could survive in physics. Yet all the more both of these concepts find their justification in *psychology*. For, as we have found, they are psychological concepts. This situation has been indicated by Radó,¹⁸ although, as would be expected from an article written in 1922, not very definitely. Peculiarly, the belief prevailed that with the certainty of strict causal relations in physics, the human being was included in the physical scheme and that psychological phenomena were determined by strict causality—an attitude that went so far as to deny the existence of any freedom of will. (It was not unlike a story that went the rounds and finally got back to the very individual from whom it originated.) Then it suddenly became known that an electron jumps from its orbit at its pleasure, so to speak—and people assumed that they could derive from this conclusions regarding causality and freedom of will; nothing less than that! We are confronted here by an independent root, the fourth Schopenhauerian root, of the principle of sufficient reason—“motivation”. And this is the autochthonous domain of psychoanalysis, which it may explore freely, unhampered by considerations specific to physics. For, was it not one of the outstanding achievements of psychoanalysis that it found “motives” for occurrences apparently belonging to the domain of physics, as for instance stumbling or some other parapraxis, and thereby annexed them for psychology?

¹⁶ *Physikalische Rundblicke*, p. 1, 1932.

¹⁷ Bergmann: *l. c.*, p. 3.

¹⁸ Radó: *op. cit.*

5.

It is now in order to clarify one conceptual ambiguity which has been responsible for much confusion. It concerns the difference between causality and determinism. The two expressions are often used synonymously.¹⁹ But they are not synonymous. For instance, we can say that one unknown is determined by one mathematical equation, i. e., the value of the unknown can be derived from the equation. But, on the other hand, two unknowns may very well be conditioned by a single equation, though they cannot be derived from it—i. e., they are not determined by the equation. Here there can be no question of causality. Determinism is essential in mathematical method, in geometry, in rigorous physics. This latter we would have now to call strictly deterministic physics, instead of strictly causal. Certain it is that it is no longer strictly *causal*; nevertheless, it could be deterministic, if it were not for an objection which I shall mention later.

An expansion of the "animistic, fetishistic" (anthropomorphic) conception of causality without any implied renunciation of determinism was attempted years ago by Mach, when he substituted functional relation for causality.²⁰ From the relation $F(xy)=0$, one may obtain a definite value of x if the value of y is given, and *vice versa*. Neither has superior rank. There is no cause and effect relation here, and because of this there is no causality; but there *is* determinism.

The exact reverse of this is probably true in psychology. Causality is certainly inherent in the discipline of psychology. But is determinism? If psychoanalysis reveals the underlying causation—that is, the motive—of a case of stumbling, does it have to maintain that the subject could not have escaped stumbling? What could be the meaning of such an assertion? I do not know. Here lies the problem of determinism in causal psychoanalysis. The question is, does causality suffice in analysis or does analysis have to insist on determinism?

¹⁹ Also by Radó: *op. cit.*

²⁰ Radó: *op. cit.*

In non-causal physics, the problem is as follows: under what circumstances is a deterministic physics possible? This brings us to the second point of view of modern physics, mentioned in the introduction, which is undoubtedly important in psychoanalysis.

6.

Let us look at the methods of deterministic physics. As has been explained in the first part of the paper, deterministic physics (substituting now "deterministic" for "causal") does not deal with masses but with individual objects, or better, with a limited configuration of individual objects. The configuration must always be theoretically equal (cf. part 2, above), which means that it must be similar in reality. Such a configuration of objects is called in physics a closed system. Now, we put the closed system under observation. Observation is the essential act. Experiment, for example, is observation on an artificial, closed system.

Is there not an inconsistency in this? Is it possible to observe a closed system? Is not every observation an interference? This problem has found its extreme formulation in the famous question put by Lichtenberg,²¹ "Do girls blush in the dark?" Clearly, this question cannot be answered by means of observation. The closed system is the girl in the dark, pressed by some ideation. Observation requires light. Hence, it is an interference, altogether destructive to the "closedness" of the system.

The other extreme is the observation of a planet in its course. The planet moves in its orbit, following its autochthonous law, indifferent to observation.

The situation in physics which made Lichtenberg's joke a serious problem is, according to Heisenberg, the following:²² Like the orbit of a planet, the course of an electron is completely determined if its position in space and its momentum at some definite point of time are known; or, which is the

²¹ The German satirical philosopher of the end of the eighteenth century.

²² Heisenberg, W.: Ztschr. f. Physik XLII, 172. 1927.

same, if its position in space is known at two different points of time (from which its momentum results). To determine these data, the electron must be observed, that is, seen. For this purpose it is illuminated. Light, however, exercises pressure. I am able to determine the exact initial position of the electron by adequate illumination. This, however, pushes the electron out of its way, and it does not arrive at the second position, which it would have reached had I not observed it. I am, therefore, unable to determine its velocity exactly. This means that it is intrinsically impossible to determine the exact career of an electron. The observation involves a far-reaching interference. This interference does not destroy the closedness of the system to the same extent as in Lichtenberg's problem, but it tears down the boundaries of the system and introduces what Heisenberg called the "principle of indeterminacy".

Wherein lies the difference between the observation of the planet and the observation of the electron? The difference is in their respective orders of magnitude. In the first case, the process "movement of planet" is of infinitely higher order of magnitude than the process "observation of a planet with terrestrial instruments". In the second case, the observation requires a collision between the electron and a quantum of light, and the processes "movement of electron" and "collision of electron with quantum of light" are of the same order of magnitude. In the first case, observation does not interfere with the phenomenon observed, while in the second case, the interference makes the process indeterminate.

7.

Now, observation is the basis of *every* scientific method. The difficulty revealed by Heisenberg in the case of quantum physics, therefore, must exist in every scientific endeavor where the phenomenon observed and the act of observation are of the same order of magnitude.

This difficulty must, therefore, be met with in psychology

where man is observed by man. We now understand the dilemma in Lichtenberg's problem much better. The ideation of being observed is generally of the same order as an ideation that causes one to blush. Of course, it may be possible to approach phenomena in the psychology of the conscious by means of observations of lower order of magnitude. This can, however, never be the case in depth-psychology. Here, the psychologist sees himself confronted with the task of breaking through unconscious resistances. The means he utilizes can, therefore, be only of the same order of magnitude as the resistances themselves.

Should psychoanalysis aim to be more than a psychotherapeutic technique—namely, a scientific method—it will have to answer the following question: What relation is there in psychoanalysis between the phenomena observed and the means of observation? Or, in other words, how far is the psychological system under observation modified through the procedure of psychoanalysis?

Psychoanalysis has been condemned on the grounds that the unconscious reflects, like an echo, what the psychoanalyst has breathed into it. Psychoanalysis, now, can reply that a similar difficulty exists in physics (!) without at all endangering the scientific standards of that discipline. And for this reason, psychoanalysis will be in a better position to assume an unbiased attitude towards this problem.

I should mention here what has been suggested in physics as a way out. In brief the suggestion is: Include the apparatus of observation in the closed system. True, this will bring about a modification of the original system, but it will save the closed system. It is, of course, not necessary for me to translate this suggestion into the language of the psychoanalyst.

Let him have the floor now.

AN AUTOBIOGRAPHICAL CRITIQUE*

BY FLOYD DELL (CROTON-ON-HUDSON, N. Y.)

I have read Dr. Otto Rank's *Art and Artist*, not so much as a critic might but as an artist must—with deep gratitude to the author for stating so acutely and recognizing so sympathetically many little-understood problems and aspects of the artist's life and work; but nevertheless with deep disappointment at finding these recognitions and statements forced into an artificial philosophic system which appears to me to be largely an elaborate denial of sexuality to art, and, beyond that, a glorification of the human will as responsible for everything good in human life.

To Dr. Rank the individual will is the source of art, manifesting itself negatively as the controller of the sexual impulses and positively as the urge to create. "This creator-impulse is not, therefore, sexuality, as Freud assumed, but expresses the anti-sexual tendency in human beings." Again and again in these pages, Dr. Rank denies the possibility of sexuality being sublimated into art-creation. And I, reading these pages, pause to reflect upon my own art-products—poems, novels and plays—asking myself what was their motivating force, whether it was my individual creative will, or repressed sexual impulses demanding relief in sublimated expression. Passing over some lyrical outbursts of thwarted love, as being too pat examples of sublimated sexuality to afford a fair test, I come in my reflections to a short poem which I wrote at the age of twenty-one, after leaving home to work in a large city:

I wish I had my father here,
And we'd send out for a pail of beer.
A loaf of good rye bread we'd get,

* A propos *Art and Artist: Creative Urge and Personality Development*. By Otto Rank. With a preface by Ludwig Lewisohn. Translated from the German by Charles Francis Atkinson. New York: Alfred A. Knopf, 1932. 431 p.

And slice it up and butter it.
Brick, swiss, limburger—any of these,
So that we had a hunk of cheese.
He'd set us out the glasses thin,
And pour the foaming liquor in,
Then stop his pouring quick and right
And watch it crown the glass with white;
The color and the glow he'd note
Before a drop had touched his throat.
We'd lift our glasses high, and clink
Brim against brim—"Here's how!" and drink.

There would not seem, on the surface of it, to be any repressed sexuality sublimated in these verses. But they represent, as I am aware, the dropping of the curtain upon the painful but happily-ending tragi-comedy of my childhood and adolescence. The first scene of this drama takes me back to my sixth year, which happened to be the panic year of 1893, when my father was out of work, the older children had been sent away to stay with relatives in the country, I was kept indoors all winter because the soles of my shoes were worn through, and there was no money in the house as Christmas time approached. My parents must have believed that I would not know it was Christmas time if nothing was said about it; and since there was no money for presents, they kept silence. I was keeping count, however, by the kitchen calendar, and their silence on the subject of Christmas puzzled and frightened me; and, after one casual remark of mine about Christmas had been ignored, I kept silence, too. Christmas Eve came, and still nothing was said. Then I asked, "This is the night before Christmas, isn't it?" My mother burst into tears, and my father, in a lamely humorous way, expressed surprise and ignorance—he hadn't been reading the newspapers, he said. I realized their humiliation, and went off to bed, to lie awake for hours paralyzed with the shock of what I had just learned—that we were poor. I was a bright little boy, and I had naïvely taken in complete good faith my mother's assurances that I

might be President of the United States some day. That was, very definitely, my ambition—to become President. I had been told that the best way to become President was to be a lawyer; my notion of being a lawyer was making speeches, and I liked to recite pieces, so I had accepted the law as my future career; in response to my questions as to how you got to be a lawyer, my mother had told me about the law-school at Ann Arbor—so that I expected to go to Ann Arbor. That night, in the shocking realization that we were *poor*, I bitterly renounced these ambitions—Ann Arbor, the law, the Presidency. I felt that I had been made a fool of. And because it hurt so much to want things and give them up, I became, that night, a child stoic. I wanted nothing. In the morning I found that my mother had hung up my stocking and that there were a lead-pencil, an apple and an orange in it. But they needn't have done that—I didn't want anything. I forgot that terrible night—forget it until a few years ago. But something remained of my stoicism. I never asked my parents for money or toys, because we were too poor. And I had no life-ambition—I immersed myself in books and dreams and play, with a tendency to be solitary. I did not mind wearing old and patched clothes, and I did not mind having no money to spend for candy or toys. I was, even more than other boys of my age as I grew up toward adolescence, afraid of girls and unacquainted with them. And I was ashamed of my father.

The second act in this drama occurred when I was ten years old. My father was still out of work a good deal of the time, and my elder brothers and sister had quit school and gone to work. Somebody sent us a weekly "temperance paper", which I read regularly; and from it I derived an explanation of our family poverty. My father drank! It was true that he liked to stop at the saloon for an occasional glass of beer, and that he kept in the cupboard a bottle of whiskey from which he sometimes took a bedtime nip. And one of my big brothers, as I knew, played pool and drank beer; I heard him, after he had turned in his week's wages to my mother and been given

twenty-five cents for himself, come back and ask her for another half dollar, which she would give him reluctantly, since it was needed to buy food. I, who never asked for a penny, was ashamed of him. And I believed that it was the saloon that had brought us into our poverty. I read stories and poems in the "temperance paper" about little boys and girls who reformed their fathers—after which there were new clothes for everybody, plenty to eat, and money in the bank. I began to fantasy myself in that savior rôle. And I wrote my first poem. It was addressed to my brother, the one who had begun to drink; for I was afraid of my father, and so began indirectly. The poem was an appeal to him to stop drinking, and not break his mother's heart. It was in eight or ten stanzas, and it came out easily, rhymes and all, under the force of my emotion. I slipped the poem into my brother's pocket, and fantasied his reading it in a saloon, dashing his drink to the floor, coming home and getting my father to "take the pledge" with him; we would be prosperous and happy, and I would be praised as the one who had saved the family. But nothing happened; my brother never referred to the poem; I realized that I was a fool, and succeeded in forgetting my poem. I wrote no more poetry at the time. I was glad that my father didn't know anything about it.

The third act of the drama came when I was twelve years old, and has several scenes. We were about to move from the little town where we lived to a larger town, where one of the boys had a steady job. Before we went, my mother took me with her on a visit to relatives in the country. Among them was a girl cousin, Lela, about my age. During the visit the Fourth of July came, and we were all loaded into a surrey and driven to town to enjoy the celebration. My mother took me aside beforehand and gave me a twenty-five-cent piece. "Treat your cousin Lela to some ice-cream," she said. But I had never had any pocket-money, and I didn't know how to treat a girl to ice-cream! All the way in to town I was formulating in my mind the proper speech; but I knew I should never utter it. The horses were hitched at the square; every-

body got out—except me; I sat there, unable to move. “Aren’t you going to see the races?” Lela asked. “No,” I answered helplessly. They went away and left me. I wished I were dead. Lela came back; I had another chance—but I couldn’t utter those words. It was as if my mother had chained me with invisible chains which I could not break now at her bidding. I couldn’t start throwing away her precious household money on girls. I knew I was making a silly spectacle of myself, and defeating my mother’s effort to show off the bright son of whom she was so proud; but I felt that it served her right. I sat there in ghastly misery all afternoon; and the quarter was still in my pocket when we drove back. Left alone with my mother, I took out the coin. “Here’s your money,” I said bitterly, and handed it back to her.

The next scene followed when we returned to our own home. I succeeded in annoying my father as he sat reading his Sunday paper, by tickling his ear with a broomstraw, until in reprisal for these strangely childish antics, he gave me a spanking. I burst out laughing. I was happy. I had my father back. He seemed to understand, for he invited me to go fishing with him. I dug the worms, and we started. On the way to the lake we passed the “Last Chance” saloon, and my father went in for a glass of beer, telling me that I might come in and have a glass of soda-pop if I liked. But I was embarrassed, and remained outside. Standing there, I felt ashamed of myself, and wished that I had gone in. And after our fishing was done, on the way back, when he stopped there again, I marched in proudly and happily at his side. And when my soda-pop was served me in a bottle with a straw, I insisted upon having it in a glass. I shyly pushed the glass along the bar till it touched my father’s, and then drank.

That was my symbolic reconciliation with my father. But a few months later I wrote my second poem. It was on the subject of Lincoln, the martyr president. Again it poured out easily, rhymes and all. And it was not until a few years ago that I realized that, under cover of Lincoln, I was praising and excusing my father. He had fought in the Civil War, and

had been in a Confederate prison. Heroism was enough; the hero did not have to be a good provider. What if my father could not support his family? I could be proud of him, just the same. That year, having read a Socialist book, I declared myself a Socialist, and in my own mind dedicated myself to a heroic career as a revolutionist in the class war against wage slavery. It was several years before I found any other Socialists, but I joined a Socialist local at the age of sixteen. All this should have been anathema to my father, who was a devout Republican and considered even the Democrats no better than Anarchists. Yet, at an age when most boys were beginning to quarrel with their fathers, I remained on the most friendly terms with my father. Looking back upon it, it seems to me as if he understood the situation emotionally. In adopting what to him seemed a set of pernicious and silly notions, I was somehow trying to follow in his footsteps. At all events, having found in the Socialist local a magnificent substitute father, whose lieutenant I became, and having learned to drink beer with him, I used to drink beer at home with my father, in the manner later described in my little poem.

In the meantime I had become a poet again, through being separated, in our latest move from town to town, when I was sixteen, from a girl with whom I was in love—a factory girl at whose side I had worked that summer, and who, because her father was a Socialist, could accept my revolutionary views, and thus overcome some part of my fears with regard to that strange and dangerous sex to which she belonged. When, in absence, my passion for her faded, I was habituated to the writing of poetry, and used it as an illusion-solution of all my emotional conflicts. But, at the age of seventeen, a practical crisis arose in my life, which had to be solved in action. I was going to high school, and my mother, in spite of the family's poverty, was very anxious to have me continue there and—somehow—go to college. I had once been willing to sacrifice myself to her; but now it was she who was sacrificing herself and the whole family to me. My father, when out of a job, was her kitchen-helper, dressed in an apron.

Everybody should work, so that I might have an education! I was disturbed at being the center of so much mother-love, which I could never repay. And I began to make up my mind to escape from that burden, by quitting school and becoming a regular wage-earner. It was a decision not made without pain. Asked at school to write a "historical poem" for the book to be sent to the world's fair, I chose the subject of the expulsion of the Moors from Spain. It was really my own expulsion from the paradise of idleness, by my masculine self-respect, or by my fear of remaining any longer my mother's pet, that I sang these lines:

Where fountains toss their flashing spray,
And roses glow serene,
Where lute and viol charm the day,
And minstrels chant unseen,
Vultures shall quarrel o'er their prey—
Ravens, and beasts unclean!

Again, I envied the butterfly, even though I knew it was not what it seemed:

Yet is that fancy dear to me!
It is not good to look around
And find no single creature free
From these chains wherewith I am bound—
I still believe that thou hast found
Release from laws men think to be
Eternal, from the dreary round
Of death-in-life, from toil's stern destiny.

It was, quite consciously, the self-imposed masculine destiny of work that I was rebelling against, or rather, complaining about before accepting it:

And if in bitterness and scorn
I walk the ways my fathers trod,
Thou, flashing through the perfumed morn,
Shalt be my plea to God!

In a series of poems that summer, I solved my problem first in one way and then in the other. I invented an imaginary and passionless mistress-Muse, who was as indulgent to me as my mother, with whom I idled away in fancy the careless hours:

Midway of that enchanted ground
There is a lazy well-sweep found,
And dreaming waters, at whose brink
On summer noons we stop to drink.
Out underneath the listless boughs,
Down in the grass, the shadows drowse,
And all the indolent slow hours
No breezes come to wake the flowers,
Or cast a ripple in the lake,
To writhe, a ghostly water-snake.
And there, for you and me, is peace,
Where passions fade, ambitions cease:
For all the loves and hates that toss
The helpless soul, come not across
The far-off purple hills that lie
Aswoon beneath that sapphire sky.

Yet the ripple was cast into that quiet lake of dreams, the snake writhed its way into that Eden, and stood revealed in my fancy as a girl, not passionless, not indulgent, no mother-mistress, but one for whose sake I must be a man and not a child. I asked myself:

What! would you go with empty hands,
Unlaureled head, to where she stands,
And face the look of sheer surprise
And easy scorn in her young eyes?
“Do you think that I will give,” she’ll ask,
“My love to one who leaves his task,
Who shuns the field of combat, quits
The battle ere ’tis well begun,
And all the drowsy summer sits
Blowing his bubbles in the sun?”

I did not return to school that fall; I worked in a factory. Fired, I got another factory job, and then, by accident, a job as a cub reporter on a newspaper. Fired, almost immediately, because of my poetic dreaminess, I aroused myself and became so enterprising that I had to be rehired. And thus arose the final crisis of my adolescence—that of deciding upon a career.

I began to think of making a living as a writer. Oddly enough, I had never done so before. And, though I had written a great deal of poetry, and was known in the town as a poet, I had inwardly declined to accept that rôle seriously. To be a poet, as I had found when I was "discovered" and taken up at seventeen by the nice people of the town, meant that I was to be made a pet of, indulged in the eccentricities of youthful genius, and regarded as a kind of semi-divine freak. A novel was published at that time, *The Divine Fire*, by May Sinclair, containing a sentimentalized picture of such a youthful poet; I despised this character, and objected violently to being thought such an ass as he was. I was, in fact, now faced with the necessity, for internal reasons, of renouncing the practice of poetry, lest I be caught in that objectionable rôle of Poetic Genius. I did not like my poetry any more; it had served its purpose, and was now becoming, to my mind, old-maidish, a mere substitute for more realistic love experience. But I was ready to adopt the poetic career upon one condition; I had read Swinburne's revolutionary poetry in *Songs Before Sunrise*, and I would be glad to be a poet if I could write good revolutionary poetry. This I tried to do, encouraged by the Russian Revolution of 1905. But the results convinced me that I was not a good revolutionary poet. On the other hand, my admiration for the novels of Frank Norris, Jack London and Upton Sinclair moved me to the wish to write prose fiction which should be at least a help in the Liberation War of Humanity. And, as a necessary step to such a career, I deliberately stopped being a poet. I would not let myself lapse into poetic dreaminess; I observed other people— withdrawing my gaze from my heart and directing it

upon the outside world. It was like curing myself of a drug-habit. But I succeeded. I was no longer the victim of poetry. I could take it or leave it alone. And I had written half a novel. Also I had become a lover. All of this development took some time and was not a straightforward progress; and in the meantime I was fired from my newspaper job, my sweetheart decided to marry another man, and I went to Chicago and became a literary critic. It was then that I wrote my little poem,

I wish I had my father here,
And I'd send out for a pail of beer . . .

It remains to be said that this childhood and adolescent drama was then repeated, with new characters, upon an adult plane of love and work, in the next ten years, before it was actually solved in a satisfactory manner by a responsible marriage and the beginning of a career as a novelist. That is to say, when the curtain went down upon that drama at the age of twenty-one, it was only upon a prologue, in which the theme had been announced and the solutions indicated in a preliminary way. I was not as free from my mother as I had supposed, after all my violent efforts; I had still to become reconciled to my father and to the masculine rôle; and I had still to work out a peaceful compromise between my love for my mother and my guilty conscience as my father's son.

All this may seem a great deal of explanation of the emotional content of one small poem; but I am really not finished—for I have omitted one scene in that early drama, which I beg leave to put in its place. It occurred when I was about eleven years old, between the "temperance" poem and the frightful Fourth of July when I couldn't treat my girl-cousin to ice-cream. I had been indulging myself in vague fantasies of future greatness; and I had, without knowing why, written my name in large letters with chalk upon the side of a house which I passed by on the way to school. It was the house in which I had been born; and my writing my name in large

letters upon its side was a kind of prevision of the time when, in recognition of my greatness, that house should bear a brass plaque saying that I had been born there on such and such a date. No one, of course, knew that secret and half-unconscious fantasy—least of all the principal of the school, who came along the aisles looking over our shoulders during the writing-lesson and saw me, after finishing the exercise, writing dreamily over and over: “In honor of Floyd Dell, born June 28, 1887.” But he had seen my name scrawled on that wall, and he asked: “Are you Floyd Dell?” I admitted that I was. “Did you write your name on the side of Blair’s boarding-house?” I said faintly, “Yes, sir.” “What did you do that for?” he asked sternly. “I don’t know,” I said. “You don’t know,” repeated my inquisitor. “You must be very proud of your name. I want you to show the class what you have been writing on your tablet. Write that on the blackboard!” Like one under sentence of death, I went to the blackboard, holding myself rigid to conceal my trembling, and wrote the betraying sentence. “That,” said the principal to the classroom, “is what is known as egotism.” I walked out of the room, and ran to Blair’s boarding-house, where I tried to erase those tell-tale letters, which seemed to have become gigantic, overtopping my reach, blazoning my secret dreams to a mocking world. I rubbed at them with my coat sleeve, with my cap, with my bare hands. A small crowd began to gather. I stopped and ran home. That night a kindly rain came and washed the letters from the wall.

I wrote that story in one of the early chapters of my first and more or less autobiographical novel, *Moon-Calf*. But I did not realize, until I recalled it just now, why that was so very horrible a moment, or why it gave me so much relief to write it in that novel. It wasn’t just that I had been caught in a piece of egotism. I had been caught—and by one who stood officially in a quasi-paternal rôle, as the school principal—indulging in a dream of supplanting my father in my mother’s love. My oedipus-secret seemed stripped bare to the world—

worse than that, it was almost made unbearably recognizable to myself! And it was that which gave the moment a horror for me unsurpassed by anything in the macabre tales of Edgar Allan Poe.

But the moment was to come, not of a tablet being put up on my birthplace, but of something near enough to it—the moment of “fame”, with the publication and success of my first novel. All that I could have dreamed of as a child came true. My picture was in the papers, my name was known to the whole country of readers, royalties were accumulating—and, exactly as in a fairy-tale, just in time for me to save the little farm on which my father and mother were spending their last years. I went, with my wife, to visit them, and to my mother my success and fame were the crowning of all her hopes; I sat with my wizened little father and heard him tell again for the last time his hero-tales of the Civil War. Then we went on West, my wife and I, to visit her relatives; and everywhere we went I was interviewed, people wanted to meet me and invite me to dinner. And that summer was the unhappiest time of my whole life. I was miserable, I was almost sick. The whole thing was horrible, in some strange and uncanny way. Three years before, during the war, I had been put on trial, with some of my fellow editors of a Socialist and anti-war magazine, and we had faced twenty years in prison; the jury disagreed, and we were put on trial again. And I had been happy. I was not afraid of prison. But now, when I was successful and what is called famous, I was afraid—I didn’t know of what, but frightened and sick at heart. It was as though something unimaginably horrible was about to happen.

Out in San Francisco I picked up one of Jack London’s novels, *Martin Eden*, a partly autobiographical work, and re-read that story of a poor youth whose ambition carries him, past all obstacles, to success and fame; *Martin Eden* is sickened by it—and commits suicide. Though I had no intention of

committing suicide, I knew how Martin Eden felt—how Jack London had felt. And it was something that I couldn't tell anybody, because nobody would believe it. People would only laugh at me, and think I was pretending. Success—it was incredible that this should not make anybody happy. I had striven hard enough for it; and now that it had come, why should I be sick with some nameless dread? There was just one comfort: one weekly had published a hostile review of my book. I felt better when I thought angrily of that review. It was one spar of hostility to which I could cling in this sickly-sweet ocean of universal friendliness. I thought I knew what the trouble was—I was used to fighting the world, and I didn't know how to deal with it when it decided suddenly to be nice to me. I had to be satisfied with that explanation—which is much the same as the one which Dr. Rank offers in his book of this revulsion of the artist against his success.¹ It was only much later that I saw, suddenly, more deeply into the misery that I then endured—seeing it as the misery of unconscious guilt.

If, then, at twenty-one, with my foot upon the first step of the ladder that seemed to lead up to success and fame, I turned again to the father whom I had repudiated as a child and had only become reconciled to after nearly being fatally bound to my mother—if, with my childhood and adolescent drama still to be repeated upon an adult plane with much suffering for me and others—if then I invoked my father in a little poem, and asserted my sonship to him, I think its origins are sufficiently clear. I cannot find here any individual will making use of an anti-sexual tendency in the control of instinct and the creation of art. What I do find is love of my mother, repressed first through fear of my father and then more success-

¹ "The individual may, by his nomination to be an artist, have asserted his independence of the human community and rooted himself in self-sufficient isolation; but ultimately he is driven by the work he has autonomously produced"—i. e. by the fact of success or fame—"to surrender again to that community." Rank, Otto: *Art and Artists*, p. 409.

fully through identification with him. There was, indeed, expressed in my art-products a fear of sex, as in this poem entitled *Actæon*:

I dare not look into your eyes,
For fear I should find there
The naked soul, behind the guise
That earth-born spirits wear.

Lest gazing on immortal love
I should go mad, like him
Who found Her bathing in a grove—
The Huntress white and slim.

I think there can be not very much doubt what sexuality lies behind such a poem, why it was repressed, or why it should afford relief from painful psychic tension by being expressed in this sublimated form. It may be of interest to remark that this particular lyric was written swiftly out of the unconscious, as a rhyming exercise, after the preliminary deliberate writing of the rhyming words, "eyes—there—guise—wear: love—him—grove—slim", and that it was regarded by me as mere rhythmical nonsense, since it had no meaning whatever at the time to my conscious mind—never had any for me, in fact, until just this moment, when it came up into my mind; but despite its apparent meaninglessness, it had always great beauty for me and gave me much pleasure to read over.

Dr. Rank believes that individual will is the primary force in art-creation. When I think of myself, though I recognize much and powerful wilfulness in my make-up, it seems to me that the will does not exist in me at all until it is generated by unbearable psychic pain or fear, and that it operates not at all or at least not successfully in the realm of art-creation, but rather within the realm of action, as a means of practical escape from an intolerable emotional situation. My will appears to operate drastically, for the time at least, in action, without compromise; on the other hand, my art-products are always compromises between love and fear, shifting compro-

mises in which more or less of some forbidden instinctual impulse is given expression in this or that disguise and with various kinds of tribute to the hostile emotions.

Dr. Rank says that the oedipus situation explains nothing as to the genesis of the artist, since that situation is universal in childhood. The artist, he says, "reacts more strongly than, and certainly in a different way from, the normal person to this unavoidable average experience of the parental relation." Dr. Rank defines the difference by saying that the artist reacts "creatively". He also, very suggestively, calls the neurotic a might-have-been artist. The artist, he says, accepts his own personality, and glorifies it, while the neurotic makes excessive demands upon himself. The neurotic, moreover, suffers from an excessive check upon his impulsive life, through fear or will, according to Dr. Rank; while the artist exercises through the will "a far-reaching control over (but not check upon) the instincts, which are pressed into service to bring about creatively a social relief from fear." It seems to me that the artist is such to exactly the extent that he has found relief in art-creativity from painful psychic conflicts which would otherwise issue in socially unacceptable conduct symbolic of such psychic conflicts; but the artist, like anybody else, may be neurotic when he is not being an artist. It seems to be true that the neurotic not only criticizes himself but undertakes to punish himself by his symbolic behavior, while the artist tends rather to forgive, defend and justify himself, in objectivized art-forms detached from his own person—even if he is not always prepared, according to Dr. Rank's formula, to "glorify" his own personality in the Romantic and Byronic style. The change in my own behavior from neurotic conduct like sitting all that Fourth of July in the surrey, as a sort of frightful punishment inflicted upon myself, my mother, and the world in general, to art-creativity in which I spoke in pleasing rhythm and meter of my "bitterness and scorn", was a change from helpless self-punishment in the real world to active self-defense in the illusory world—a form of self-defense, moreover, which

is open to no reprisals from the real world, and is much to be recommended on grounds of safety. It did not hurt my mother's feelings in the least to read such lines of mine as:

Can you not leave me for awhile,
O traveler by my side?
I gladly went with you a mile,
But now our ways divide!

Detain me not, for I must go
On my appointed way:
I loved—I love you yet, but lo!
I walk alone today.

For she did not know that she was being addressed. Nor did I know that I was addressing her (I was consciously thinking of Jesus and *his* mother)—so there was nothing I need be ashamed of, as there was in the other performance. Art, then, as being a more self-protective and socially polite symbolic mode of conducting one's love-quarrels, so to speak, naturally requires more energy, adaptability and self-control than the comparatively crude and clumsy though often highly complicated and fatuously ingenious symbolic behavior of neurosis. But the prime difference is that the media of art, whether words, colors, shapes, sounds, or even, as in dramatic acting, one's own body, are all detached from one's real personality, which bears no moral responsibility for the confession thus written, painted, carved, sung or acted; while the "I", as the medium of neurotic confession, is helplessly incriminated in that stupid though incoherent betrayal of the secret. Art's value for the artist himself is thus similar to its value for others, who can have their sins confessed for them in works of art and enjoy the relief of that psychic operation, without pain or regret. Art is thus above all a pain-saving device.

These remarks, of course, do not do justice to Dr. Rank's erudite views, which have stimulated me to compare some of them with my own experiences as an artist.

BOOK REVIEWS

THE MANIC-DEPRESSIVE PSYCHOSIS. By Helge Lundholm, Ph.D.
(Duke University Psychological Monographs Number 1.)
Durham, N. C.: Duke University Press, 1931. 86 p.

SCHIZOPHRENIA. By Helge Lundholm, Ph.D. (Duke University Psychological Monographs Number 2.) Durham, N. C.: Duke University Press, 1932. 117 p.

In introducing the first of these two monographs, Professor McDougall implies that any valid system of psychiatry must be based upon some general view of human nature, that is, upon some psychology. Dr. Lundholm, in his attempts to systematize the two major psychoses, leans heavily upon the psychology of McDougall, and it proves more than once a frail and unreliable support. This is especially the case in the theory of instinct which underlies these studies. The terms "instinct", "impulse", "tendency", "sentiment", "instinctive impulse" are used without discrimination; "protective instinct" is made interchangeable with "tender instinct"; any strong feeling is called an instinct, which tends to make the term devoid of specific meaning and leads to confusion.

The author's theory of personality integration is likewise vague. By his account of disintegration one is led to the following formulation of the integration of personality: One is born either altruistic or egotistic (i. e., with either strong or weak "protective" and "submissive") instincts. In the early stage one is in a state of "confusion proper" (i. e., one is deadlocked as to activity by the great number of contradictory tendencies). One slowly emerges from this confusion through successive stages of incoördinated small movements, restlessness and flight of ideas, entering then into a stage where the tantrum reaction is paramount. After the tantrum stage one enters upon a period of mild egotism. Then, it is to be presumed, one has passed through all the stages of personality integration and one is a normal human being. This is obviously untenable, and yet it appears to be what Dr. Lundholm would have us believe; for he states that these stages, in reverse order, mark the varying stages of personality disintegration.

In the *Manic-Depressive Psychosis* the author contends that this

disorder is partly toxic, partly constitutional in origin. It represents the breakdown, with the aid of some depressant toxin (as yet undiscovered), of the born egotist.

In the second of the two books the author has evidently come to much closer grips with his problem and is dealing much more with the actual material than with intellectual constructions. For a worker who seems to have had a not very adequate training in psychiatry and who does not avail himself of the possibilities of psychoanalytic psychology, it represents a fairly reasonable handling of some of the problems of schizophrenia. He has some valuable ideas on the subject of catatonic stupors and on delusion formation. He sees the former as analogous to a child's sulking, and he goes into some detail in proving the analogy. This is doubtless a fair superficial estimate of some catatonic stupors. He recognizes in delusion formation the wish to escape the sense of inferiority and the sense of guilt. While neither of these ideas is new, and neither one represents an exhaustive treatment of the subject-matter, it is of value to have them clearly and unequivocally stated. His treatment of schizophrenic falsification of reality is in accord with the observable facts. He recognizes degrees of such falsification and regards the reality-function as having been originally repressed in the service of wish fulfillment and later on falling into varying degrees of atrophy through disuse (the dementing process).

Both works, however, suffer throughout from the superficiality of the author's point of view and his tendency to intellectualize. The author's knowledge of psychoanalysis is inadequate. It may be mentioned that he lays claim to the discovery of at least one principle which Freud enunciated as early as the *Studien über Hysterie*. He speaks of "a principle which I laid down in a paper concerning functional amnesia . . . only those memories get attached to them a strong feeling of 'ego-reference' in which is strongly reflected the emotional quality which was part of the original experience."

There is a decidedly ethical and moralistic flavor discernible in both studies, and one gains the impression that the author's attitude towards his case-material inclines to the censoriously subjective rather than to the objective. He also tends to be unnecessarily schematic, as when he divides the manic-depressive psychosis into

three stages of disintegration, the third of which he again thrice subdivides, and when he propounds three "imperial moods" in this psychosis. Likewise open to the charge of pedantry is Dr. Lundholm's attempt at inventing terms such as A-disposition, E-disposition, R-function (meaning respectively altruistic disposition, egotistic disposition, reality function) and his elaborate efforts at deriving a mathematical formula to express the fact that fantasy and reality are combined in varying degrees in different schizophrenic states. They do not compensate for the author's failure to adduce anything new to the problems he attacks.

A brief bibliography, consisting mainly of the works of Lundholm and McDougall, is appended to each monograph. Practically all the important literature on schizophrenia is missing.

WILLIAM V. SILVERBERG (WASHINGTON).

PSYCHOLOGY AND PSYCHIATRY IN PEDIATRICS: THE PROBLEM. REPORT OF THE SUBCOMMITTEE ON PSYCHOLOGY AND PSYCHIATRY. White House Conference on Child Health and Protection. Bronson Crothers, M.D., Chairman. New York and London: The Century Company, 1932. 146 p.

This comprehensive report presents a problem and also indicates a hope. Experts on child welfare and psychiatry, a subcommittee of the White House Conference held in 1930, survey the whole confused and disorganized field of child guidance and mental hygiene, and find the practitioner in pediatrics lagging far in the rear of other professions in the field, in interest, activity and required skill. The report contends that the general practitioner should at once enter this field and acquire the necessary attitudes and skill, not only in order to salvage his own prestige and that of his profession, but also to save this field from absorption by other, non-medical, professions, although nowhere in the report does the Committee deny the value of these other professions—that of the psychologist, the judge, the teacher, the psychiatrist, the social worker, etc.—in the handling of children. However, the Committee makes no attempt to determine to what extent the problems of childhood belong properly to the medical or non-medical fields, nor does the Committee present any comparative data on the merits, claims, and accomplishments of the non-medical groups working in this field. The Committee only attempts to appraise

the attitudes of the different professions toward each other. The Committee is constructively concerned with the following matters: It recommends a more tolerant attitude on the part of the psychiatrist toward the pediatrician and a simplification of the psychiatrist's terminology to make it more understandable to pediatricians. The report reveals in an interesting tabulation of sixty-four Class "A" medical schools the inadequacy of the courses in psychiatry given for medical students and recommends improvement in a general way. It challenges the lack of interest of most physicians in the personality aspects of the child's health.

The report insists, however, that the pediatrician is the desirable and logical individual to handle the personality of the child as well as his physical health and growth, contending that he has a natural advantage over the organized clinics employed at present, in that he unites in one person, as family doctor, the resources for information which the clinics must obtain through their "classical" units of three—psychologist, social worker, and psychiatrist. This will not continue to be the case, the Committee thinks, in the next decade of child guidance work; and it would have the pediatrician prepare himself for this future rôle.

This argument does not seem convincing, especially as the Committee itself realizes the possibility of training non-medical individuals with special aptitudes for this work. "Obviously, it seems to us," the report reads, "doctors can acquire relevant psychological and educational attitudes and techniques more safely than psychologists and teachers can acquire adequate medical assets." But this is not at all obvious. Indeed, the weakness of the report lies in its easy assumption that psychological attitudes are as readily attainable as psychological and educational techniques. But the academic or formal training of the teacher, the judge, or of any worker in this field will not insure that he possesses the requisite psychological attitude—for, as psychoanalysis shows, it is not so much the acquired intellectual and voluntary attitude as the properly detached unconscious emotional attitude that is a necessary basis for the treatment of other individuals' personality difficulties. No less than other persons, the doctor is unqualified for such work, especially with children, in so far as he himself is still bound to his infantile complexes and conflicts. This deeper aspect of the pediatric practitioner's acknowledged resist-

ance to the psychological and psychiatric aspects of child health the Committee fails to take into account. Psychoanalysis is referred to only as a special school, and its claims do not concern the framers of the report. But surely the Committee's legitimate desire to widen the field of pediatrics to include the mental health of children ought to have raised the question of the causal factors in the practitioner's disinterest and resistance. Nor is it clear from the report that an "attitude" cannot be acquired at will and in the same way as a technique. If the Committee had not either overlooked or unconsciously fought shy of psychoanalysis, it might have found the key to its problem of the practitioner's disinterest—namely, his ignorance of his own fixations and of the hold which his own infantilisms may have upon him. It would be unfortunate to draw him into "mental hygiene" with children, without the preparation of a psychoanalysis—just as it is unfortunate that teachers, social workers and psychiatrists are in this field without that preparation.

In addition to the sixty-page report, the book contains some interesting excerpts from the discussion of the individual members of the Committee. The appendix contains excellent and useful reports of the work of the Merrill-Palmer School in Detroit, the Child Guidance Institute of New York City and the Juvenile Clinic of Newark. The Committee's method of obtaining information is shown by excerpts from the answers to the thorough and suggestive questionnaire submitted to twenty-five pediatricians, ten psychologists and three social workers. The Committee frankly admits that it retains its original conviction throughout the discussions, and feels that its work has been useful if it has promoted better understanding between general medical practitioners and pediatricians on the one hand, and psychologists and psychiatrists on the other.

MARIE H. BRIEHL. (NEW YORK).

APPROACHES TO PERSONALITY: SOME CONTEMPORARY CONCEPTIONS USED IN PSYCHOLOGY AND PSYCHIATRY. By Gardner Murphy and Friedrich Jensen. With a Supplement by John Levy. New York: Coward-McCann, 1931. 427 p.

The authors, a psychologist and a psychiatrist, have attempted to present in an unprejudiced manner the attitude of the various modern psychological schools toward personality. The approaches

of Gestalt Psychology, Psychology of Sensation, Behaviorism, Psychoanalysis, Analytic Psychology, Individual Psychology, Child Guidance, and, finally, Eclecticism are given in turn. The presentation reveals a serious and studious attitude, and it is evident that the authors have read extensively and have made a great effort not only to understand the theories and methods of each school but also to present them in an exact and comprehensive manner.

It is true that their bias, particularly that of Dr. Jensen, is evidenced by the space and interest given to Individual Psychology. More important than this bias, however, is the unfortunate fact that it is possible to have a very wide reading acquaintance with a subject and yet not understand it. Whether the other schools have been treated adequately in all details the reviewer does not feel sufficiently prepared to judge, but from a more or less superficial acquaintance with the subjects the presentation appears to be clear.

It is evident, however, that many aspects of psychoanalysis have been misunderstood and hence misrepresented by Dr. Jensen. In the first place, his presentation is very confusing, psychoanalysis as a theory and as a method being considered as one—thus: “Psychoanalysis rests upon three main pillars, 1. Unconscious, 2. repression, and 3. transference.” He then proceeds to discuss these factors in the basic theory of psychoanalysis. How little he understands the concept of “transference” is revealed by the following statement taken from the discussion of Individual Psychology: “Transference and resistance are of little importance, and repression of none.” One who can make such a remark concerning any method of psychotherapy is indeed lacking in understanding of even the fundamental concepts of the psychoanalytical method. His basic lack of knowledge of psychoanalytic technic is also apparent in the discussion of analysis of the transference situation wherein he remarks: “The doctor can hasten the cutting of the tie [to the analyst] by various little devices. An occasional apparently casual inconsideration, an evil-tasting medicine or a slightly painful electric treatment can make the patient wake up; he falls out of his clouds on to the earth—out of his dreams into reality.”

Dr. Jensen’s presentation of psychoanalytic theory contains numerous mistakes and misapprehensions, such as: “Freud asserts

that everything in the mind that might lead to a psychic disturbance was once *conscious* and becoming no longer consciously bearable was driven into the unconscious." Referring to the latency period: "A later phase is narcissism and this lasts till puberty"—giving as a reference Freud's *Narcissism, an Introduction* in which, of course, no such erroneous and confusing statement is made. Further: "That part of the oedipus complex which is not sublimated persists as the castration complex." Finally, the unjustifiable impression is given that Freud is uncertain and dubious regarding his own theories. Out of the context, the passage quoted from *Beyond the Pleasure Principle* might be construed to indicate a completely bewildered attitude: "I might be asked whether and to what extent I myself am convinced of the assumptions set forth here. My answer would be that I am not convinced, nor do I endeavor to win over others to believe in them. One can yield to a train of thought, follow it as far as it leads simply out of scientific curiosity or as *advocatus diaboli*, without, however, selling himself to the devil on that account." In its original context, this passage is seen to refer specifically to one portion of a theory, namely that of the death instinct, presented in *Beyond the Pleasure Principle*. The quotation, as given by Dr. Jensen, aside from departing somewhat in wording from the authorized English translation, creates the impression that Freud himself is sceptical of the whole psychoanalytic theory.

The section of the book on Child Guidance has been written by Dr. John Levy of Columbia University. It is given in the form of an approach to a specific case and gives a very adequate idea of the method by which child guidance handles personality problems in childhood.

It is interesting to note, in spite of the difference in training of the two authors, a peculiar similarity in their tendency to become entangled in metaphysical problems which sound profound, but which often are only involved, and sometimes rather confused, thinking. As has been noted, it is quite evident that Dr. Jensen is an adherent of the Adlerian school; in fact he states definitely that a combination of Individual Psychology and Behaviorism offers most promise for future psychological problems. Just as Dr. Jensen is drawn to the involved and vague theories of this school, so Dr. Murphy finds in his "Polydimensional Eclecticism" the most satis-

factory solution to the problems confronting the present day psychologist. Although an attempt is made to differentiate this form of eclecticism from the type called "moribund", and although it is called a "radically different sort of synthesis", nevertheless, it still appears to mean selecting the so-called best from each school and fitting them together; a solution which seems far from satisfactory when the markedly divergent views involved are considered.

A book which summarizes a number of conflicting theories always brings to mind the question: why was it written? This is particularly true in the field of psychology where such books are especially numerous. The only value of another such book would lie in the presentation of new facts or of old facts in a new light. The authors have realized this and have explained that their volume differs from others which undertake to compare the basic principles of psychologic schools in that it is concerned with psychologic schools only as they bear upon the study of personality. Lacking new facts, the illumination this book throws upon the field of psychology must be the criterion by which it is judged.

SUSANNA S. HAIGH (NEW YORK)

MAN AND MEDICINE. By Henry E. Sigerist. New York: W. W. Norton & Company, Inc. 1932. 340 p.

To those who have traveled the jejune pages of outlines of medical history, reading Professor Sigerist's book, *Man and Medicine*, will come as an agreeable and profitable interlude. Intended as it is for a guide to young people who have chosen medicine as a career, the book naturally contains material with which the more mature reader is familiar. This fact together with a slight condescension in style, occasionally suggestive of the bedtime story, detracts somewhat from the pleasure which one might otherwise derive from it; though it is perhaps unfair to criticize a book for being what it sets out to be.

The reviewer found himself wishing frequently for more exhaustive treatments of such important problems as the history of specialism, the relation of disturbances of function to organic changes and many other subjects which Professor Sigerist touches on lightly, but illuminates with what one feels must be a great store of learning.

In an octavo of three hundred and twenty-nine pages, the author strives to portray the history of man in relation to medicine.

Readers of this journal will be interested to know how much space he devotes to psychoanalysis and allied subjects. In the first chapter of the book, there are four pages given to a descriptive statement of the psychoanalysis of Sigmund Freud, which the author states at the outset "revolutionized our theories regarding our mental life". There are in addition brief remarks on the work of Adler and Jung and on the characterology of Ludwig Klages. Aside from these introductory statements, there are occasional references throughout the text which indicate the author's sympathy and understanding for psychoanalytical theory and practice. He says, for example: "Finally psychoanalysis has taught us how many accidents and illnesses develop out of self-punishment for no more than mental sinning." In a later chapter we find: "Upon his [Freud's] theories his therapy is founded. The instinct theory allowed us a better insight into the pathogenesis of neuroses. Through psychoanalysis an attempt is made to pierce the veil hiding the unconscious, to bring back to consciousness repressed complexes, which have become disease factors as the result of the repression, so that they may be worked upon consciously."

There are also frequent references to the importance of a knowledge of psychiatry for the physician and the influence of the patient's mental life upon his vital processes. The author makes a plea for a course in medical psychology to be given to medical students, which in spite of all inherent difficulties, he believes would be possible and most fruitful. He argues for an eclectic one because there is as yet no one psychology, but numerous psychological systems.

This leads us to the one critical statement which Sigerist makes in respect to psychoanalytical discipline. He says on page sixty: "Even those who will not follow it in all its deductions and those who refuse to accept its present-day dogmatic form, must acknowledge the debt we owe to Freud for his fundamental discoveries".

To a philosopher and to one who is familiar with the history of ideas, as is Sigerist, the heated controversy of schoolmen must appear like the bubbling of tea-pots. In a discussion of the life cycle of an idea, Le Bon writes: "When these apostles have succeeded in convincing a small circle of adepts and have thus formed new apostles, the new idea begins to enter the domain of discussion. It arouses at first universal opposition, because it necessarily clashes with much that is old and established. The apostles who

defend it are naturally excited by this opposition, which merely convinces them of their superiority over the rest of mankind, and they defend the new idea energetically, not because it is true—most often they know nothing about its truth or falsehood—but simply because they have adopted it. The new idea is now more and more discussed; that is to say, in reality it is entirely accepted by the one side, and entirely rejected by the other side. Affirmations and negations but very few arguments are exchanged, the sole motives for the acceptance or rejection of an idea being inevitably, for the immense majority of brains, mere sentimental motives, in which reasoning cannot have any part." It would perhaps be well for psychoanalysts, if they could cultivate this historical point of view toward their own discipline, to fortify themselves against the dangers of dogma.

Professor Sigerist's evaluation of the importance of Freud's work in relation to man and medicine may be estimated not only from the context of his book, but from the fact that only the writings of Aristotle, Galen and Harvey are allotted more space than Freud, whose name vies with Vesalius, Sydenham, Laennec, v. Behring, Koch and Pasteur. When we consider that the book deals with the whole history of medicine, this must impress us as a striking commentary.

There is a brief foreword by William Welch, to whose chair in the history of medicine, at the Johns Hopkins University, Sigerist has succeeded. Though the reviewer has not seen the original German text, it appears to have been ably translated.

CARL BINGER (NEW YORK).

PSYCHOLOGICAL ELEMENTS IN SPEECH. By Emil Fröschels, Ph.D., M.D. Professor of Speech, University of Vienna, Director of Speech Laboratories and Speech Clinics, University of Vienna and General Hospital, Vienna. In company with Prof. Dr. Ottmar Dittrich and Frau Dr. Ilka Wilheim. Translated from the German by Nils Ferre. Boston: Expression Company, 1932. 270 p.

Three of the five sections of this book are written by Professor Fröschels. These are the sections on "Aphasia", "Infant Speech", and "Folk Psychology". His discussion of aphasia includes all the usual theories and facts. The author himself inclines towards the Marie-Mourgue school of thought, which objects to too strict

localization of the "speech functions". He emphasizes the difference in the clinical picture of aphasia in persons of various degrees of antecedent intelligence and vocabulary. In the section on "Infant Speech" he leans heavily on the Sterns, Bühler, and other standard authors, and he proposes an original theory in regard to stuttering, summarized in the sentence: "Incipient development-stuttering is the external result of a cortical deficiency phenomenon." The section on "Folk Psychology" essentially follows Wundt. It includes the usual discussion of gesture language and imitation. The section on "Speech as a Psychophysiological Function" by Professor Dittrich includes a discussion of the relation of meaning and sound, which deals chiefly with the phenomena of inflection, the relation of sentences and words to thought, and the phylogenetic organic aspect of speech. The last section, "Speech from the Point of View of Individualistic Psychology" by Dr. Ilka Wilheim shows how words change their meaning during the ages through the influence of the psychological tendency to appraise qualities or persons as superior or inferior. The degradation of words corresponds to the social degradation of the objects to which they refer, particularly, the author thinks, members of the female sex. She also gives an interesting list of "organ terms" which express psychic states—"It takes one's breath away", "It turns one's stomach", etc.—as examples of the Adlerian "organ dialect" operating in everyday speech.

Though the discussions in this book are too compressed and too clouded by unnecessary or pedantic technical and pseudo-technical language, they are in the main representative of conservative thought in the field. The book will hardly replace the numerous delightfully written French works in the same field (e.g., Dauzat, Delacroix, de Saussure, etc.). The chief blemish of the book is the translation, which seems not to be reliable. Occasionally a German word will be used in parentheses quite unnecessarily, to show what the English is intended to translate, thus, "uvula (*Gaumensegel*)", "island (*Insel*)", "lesions (*Herde*)", or, incorrectly, "reaction (*Reagens*)"; and a great many proper names are misspelled or misapprehended—in one sentence, for example, we find "Nissel, Meinert, Ramony, Cajal".

None of the analytic work on stammering is referred to, and the only reference to Freud is in relation to aphasia.

MALE DISORDERS OF SEX. By Kenneth M. Walker, M.D., F.R.C.S.
New York: W. W. Norton and Company, 1932. 185 p.

This small succinctly written book by an eminent urologist is divided into two parts. The first part deals with the physiology of sex, deviations from the norm and their relation to society, and represents an attempt to deal with psychoneurotic manifestations of sex in a fair and open-minded manner. The second part is a highly authoritative and comprehensive essay on sterility in the male.

Dr. Walker disarms criticism in his introduction by saying: "This little work has been written by a non-expert for the non-expert" and also, "The fact that I have given a prominent place to psychology and psychological treatment and yet make no claims of being an expert psychologist appears to me to be an advantage rather than the reverse". Evidently dissatisfied with the urologist's exclusively somatic point of view, he has not only read extensively the literature on sex, but also appears not to have shunned psychoanalytic works. He quotes Freud, Ferenczi, Brill, and Jung. It is patent, however, that he has not been profoundly influenced by Freudian teachings.

Psychoanalysts will take exception particularly to his chapter on impotence, in which, among twenty pages, psychoanalysis is polished off in one paragraph. Several case histories are given which, despite paucity of material, are transparent to anyone with even superficial analytic insight; yet they are presented without psychologic understanding. The author's point of view can be well gauged from a few quotations: "In my opinion strychnine is chiefly of use in cases of diminished desire associated with weak, ill-sustained erections." "So long as he remains married to that particular woman he is likely to remain impotent, whatever method of treatment be employed. The only solution to the problem is a dissolution of the marriage."

The chapter on the surgical treatment of impotence is scholarly and thorough. It deals with gland implantation and the like—the work of Voronoff, Steinach and others.

In a chapter on homosexuality, the author, depending for his authority on Havelock Ellis rather than on the psychoanalytic literature, misstates the psychoanalytic position in regard to the therapy of homosexuality. He states: "To the way of thinking

of the psychoanalyst the congenital and physical element in inversion is relatively important. It is his business to straighten out the psychic mechanism and 'from the bisexual constitution which is regarded as common to all, to bring into the foreground the heterosexual elements and so reconstruct a normal personality, developing new sex ideals from the patient's own latent and subconscious nature'." Again in discussing the question of whether homosexuality is congenital or acquired he says: "The inborn difference between the invert and the normal person is beautifully portrayed in Miss Radclyffe Hall's *The Well of Loneliness*, which, although it may be a melancholy piece of literature, at any rate furnishes a magnificent portrait study of an invert." To the analyst, on the other hand, it must be clear that the heroine of Miss Hall's book identified herself with her father in earliest infancy to such a degree that no "inborn" factor need be predicated in her homosexuality. The discussion of the endocrine and surgical treatment of homosexuality is thoroughly modern.

Concerning masturbation—a subject, it must be admitted, on which there is great difference of opinion among moralists, pedagogues, and analysts—and its alleged dangers, Dr. Walker has nothing to contribute. He gives the impression that onanism (like impotence) is to a large extent induced by changes in the posterior urethra, and his treatment is consequently largely directed to the verumontanum. It is recognized generally that this form of suggestion, like any other form, may seem temporarily successful. Psychoanalytic experience, however, has taught that no permanent result can be obtained by this means, and that a thorough psychoanalysis is the method of choice.

JOSEPH J. ASCH (NEW YORK).

ESTUDOS DE PSYCHANALYSE. By Arthur Ramos. Docente Livre de Clinica Psychiatrica da Faculdade da Bahia. Bahia (Brazil): Argeu Costa & Cia., 1931. 178 p.

This book is designed to bring psychoanalysis and related psychologies to the attention of the intellectual Portuguese-speaking public, and fulfils this aim very well. The book is divided into five chapters: I. "Origin and Principles of Freudism"; II. "Individual Psychology"; III. "Psychosynthesis"; IV. "A Bio-dynamic and Evolutionist Orientation of Psychoanalysis"; V. "Incontinence

among the Psychotic and the Anal Erotic Complex". The first chapter outlines Freudian theory, drawing upon the most recent literature as well as the older classical papers. The next two chapters, devoted to the views of Adler and Jung, respectively, attempt to harmonize many of the views of these authors with Freudian principles. The fourth chapter is a review of the well-known contributions of Jelliffe. The last chapter interprets incontinence of faeces in psychotic patients as a manifestation of anal eroticism.

In an interesting appendix, the author cites Catholic authorities who have seen much of value in psychoanalysis, and who have noted similarities between analytic psychology and scholastic psychology.

B. D. L.

CURRENT PSYCHOANALYTIC LITERATURE

The International Journal of Psycho-Analysis. Vol. XIII, Part 3, July, 1932.

SIGM. FREUD: Libidinal Types.
SIGM. FREUD: Female Sexuality.
EDWARD GLOVER: On the Aetiology of Drug-Addiction.
M. N. SEARL: A Note on Depersonalization.
KAREN HORNEY: The Dread of Woman: Observations on a Specific Difference in the Dread Felt by Men and by Women Respectively for the Opposite Sex.
JOSINE MÜLLER: A Contribution to the Problem of Libidinal Development of the Genital Phase in Girls.
C. P. OBERNDORF: Analysis of Disturbances in Speech.
VIVIAN THOMPSON: Toothache and Masturbation.

The Psychoanalytic Review. Vol. XIX, Number 4, October, 1932.

JESSIE TAFT: An Experiment in a Therapeutically Limited Relationship with a Seven Year Old Girl.*
GEORGE LAWTON: The Psychology of Spiritualist Mediums.*
WILHELM STEKEL: Analysis of a Dyspareunia on the Basis of Dream Interpretation.*
GRACE POTTER: Analytic Suggestions About Alfred W. McCann.

* Based on other than Freudian psychology.

Internationale Zeitschrift für Psychoanalyse. Vol. XVIII, No. 3, 1932.

M. WULFF: Über einen interessanten oralen Symptomenkomplex und seine Beziehung zur Sucht (*An Interesting Oral Syndrome and its Relation to Various Forms of Addiction*).
WILHELM REICH: Der masochistische Charakter (*The Masochistic Character*).
SIEGFRIED BERNFELD: Die kommunistische Diskussion um die Psychoanalyse (*The Communistic Discussion about Psychoanalysis*).
ANNIE REICH: Zur Genese einer prägenital fixierten Neurose (*The Genesis of a Pregenitally Fixated Neurosis*).

Imago. Vol. XVIII, Numbers 3 and 4, 1932.

(Special Number—"Ethnology")

GÉZA RÓHEIM: Die Psychoanalyse primitiver Kulturen (*The Psychoanalysis of Primitive Cultures*).
I Zur Einführung (*Introduction*).
II Psychoanalytische Technik und ethnologische Forschungsarbeit (*Psychoanalytic Technique and Ethnological Research*).
III Über den Volkscharakter der Somali (*On the Tribal Character of the Somali*).

Imago. Vol. XVIII, Numbers 3 and 4, 1932.

- IV Kinder der Wildnis (*Children of the Wilderness*).
- V Geschlechtsleben in Zentraustralien (*Sexual Life in Central Australia*).
- VI Das totemistische Ritual (*The Totemistic Ritual*).
- VII Die psychologische Struktur des zentralaustralischen Kulturreises (*The Psychological Structure of Central Australian Cultures*).
- VIII Tauhau und das Mwadarefest (*Tauhau and the Mwadare Feast*).
- X Über-Ich und Gruppenideal (*The Super-Ego and the Group Ideal*).

Zeitschrift für psychoanalytische Pädagogik. Vol. VI, Numbers 7 and 8, July-August, 1932.

- DOROTHY BURLINGHAM: Kinderanalyse und Mutter (*Child Analysis and the Mother*).
- MELANIE KLEIN: Die Neurose des Kindes (*The Neurosis of the Child*).
- MELITTA SCHMIDEBERG: Aus Kinderanalysen (*Material from Child Analyses*).
 - I Nägelbeissen (*Fingernail Biting*).
 - II Paradoxe Reaktion auf das Gestatten der Onanie (*Paradoxical Reaction to Permission to Masturbate*).
 - III Die Wirkung elterlicher Konflikte auf das Kind (*The Effect of Parental Conflicts Upon the Child*).
 - IV Patienten, die keine Freundlichkeit vertragen (*Patients Who Cannot Tolerate Friendliness*).
- E. HITSCHMANN: Kindheitskonflikte und Homosexualität (*Childhood Conflicts and Homosexuality*).
- EDITH BUXTBAUM: Analytische Bemerkungen zur Montessori-Methode (*Analytic Remarks on the Montessori Method*).
- THERÈSE MÜLHAUSE-VOGELER: Wohin führt die Nackterziehung? (*Whither Does Nudistic Education Lead?*).
- KARL PIPAL: Beim Lesen schöner Geschichten (*The Reading of Romantic Tales*).

Psychoanalytische Bewegung. Vol. IV, No. 4, July-August, 1932.

- THEODOR REIK: Grenzland des Witzes (*The Realm of Wit*).
- G. BYCHOWSKI: Marcel Proust als Dichter der psychologischen Analyse (*Marcel Proust as a Psychoanalytic Writer*).
- L. JEKELS: Das Schuldgefühl (*The Sense of Guilt*).
- KARL BACHLER: Das Theater als Abwehr und Wunscherfüllung (*The Theatre as Defense and Wish-Fulfillment*).
- A. J. STORFER: "Etwas erinnern"—"An etwas vergessen" ("To Remember Something"—"To Forget Something").

Rivista Italiana di Psicoanalisi. Vol. 1, Numbers 2 and 3, March-June, 1932.

ERNEST JONES: Psicoanalisi e Folklore (*Psychoanalysis and Folklore*).
N. PEROTTI: Considerazioni su alcune critiche mosse alla psicoanalisi (*Considerations of some Criticisms of Psychoanalysis*).
E. WEISS: Alcune considerazioni sulle resistenze psichiche (*Some Considerations on Psychic Resistances*).
F. ALEXANDER: Psicoanalisi e medicina (*Psychoanalysis and Medicine*).
H. MENG: Il bambino e la psicoanalisi (*The Child and Psychoanalysis*).
E. WEISS: Il delitto, conseguenza psicologica del bisogno di confessione (*Crime as the Psychological Effect of the Need for Confession*).
R. CAFTALE: Psicoanalisi e grafologia (*Psychoanalysis and Graphology*).

NOTES

An American Federation of Psychoanalytic Societies, embracing the three now existing American groups, the New York Psychoanalytic Society, the Baltimore-Washington Psychoanalytic Association, and the Chicago Psychoanalytic Society, was established last summer by the International Psychoanalytic Association at its Twelfth Congress in Wiesbaden. Dr. A. A. Brill is permanent President of the Federation, and an Executive Council of three members, one from each group, will supervise, in conjunction with the president, the Federation's educational and organizational activities. Drs. Gregory Zilboorg, Ernest E. Hadley, and Lionel Blitzsten have been elected to represent the New York, Baltimore-Washington, and the Chicago groups respectively.

The New York Psychoanalytic Institute announces the following courses for the fall and winter terms of 1932-1933: (1) The Development and Scope of the Theory of Instincts, by Dr. Sándor Radó; (2) Female Sexuality, by Dr. Sándor Radó; (3) Narcissism and Its Morbid Manifestations, by Dr. Sándor Radó; (4) Technical Seminar, by Dr. Sándor Radó; (5) The Neuroses and Psychoses (Seminars on Theory and Practice), by Dr. Gregory Zilboorg; (6) Problems of Interpretation and Symbolism, by Dr. Bertram D. Lewin; (7) The Application of Psychoanalysis to Problems in Mythology, Religion and Ethnology, by Dr. Abraham Kardiner.

An attractive sixteen-page booklet has been issued by the newly-founded Institute for Psychoanalysis in Chicago. The Institute is located at 43 Ohio Street, and is "dedicated to increasing the knowledge of the psychic processes of man"—a phrase which the Institute has taken as its device. The Institute has as its board of trustees, Alfred K. Stern (president), Sidney L. Schwarz (vice president), Dr. Ludvig Hektoen (treasurer), Walter T. Fisher (secretary), Mrs. Helen Swift, and Professor William F. Ogburn; and the Advisory Board includes Doctors Albert M. Barrett, Earl D. Bond, A. A. Brill, Max Eitingon, Bernard Glueck, William Healy, David M. Levy, and William A. White.

The working staff consists of Dr. Franz Alexander (director), Dr. Karen Horney (associate director), Dr. Thomas M. French (lecturer and clinical associate), Dr. Helen Vincent McLean (clinical associate), Dr. Catherine L. Bacon (clinical associate), Dr. N. Lionel Blitzsten (lecturer), and Dr. Karl Menninger (lecturer).

The Institute will provide for the thorough training in psychoanalysis of a limited number of physicians, including training analysis, and practical and theoretical training. In addition the Institute will undertake the analysis of a number of patients whose therapeutic problems coincide in the main with the research aims of the Institute. A group of consultants in neurology, psychiatry, internal medicine, etc., will act in coöperation with the staff.

A Teaching Program, announcing the courses to be given, has also been published, and may be obtained on request to the Institute.

The Institute is to be congratulated on its auspicious beginning, and merits the good wishes of all interested in the furtherance of psychoanalysis.

Dr. Hanns Sachs of the Berlin Psychoanalytic Institute has accepted an invitation to supervise psychoanalytic educational work in Boston during the current academic year. He will give the following courses: (1) Technical seminars for candidates admitted to control analyses and for members of the International Psychoanalytic Society; (2) Introductory lectures open to members of the Boston group of psychoanalysts and to other persons qualified scientifically and interested in the subject. He will also give training analyses and control analyses for candidates recommended by their training analysts. Those desiring further information should address Dr. Irmarita Putnam, 11 Powell Street, Brookline, Massachusetts.

The editors note with regret the death of Dr. Stewart Sniffen of the Chicago Psychoanalytic Society. Dr. Sniffen succumbed to pneumonia last summer.

The Twelfth International Psychoanalytic Congress was held at Wiesbaden from the third to the seventh of September. The following papers were read:

FRANZ ALEXANDER: Über die gegenseitige Beziehung struktur- und triebbedingter Konflikte (*On the Mutual Relation between Structural and Instinctual Conflicts*).

ALICE BÁLINT: Versagung und Gewährung in der Erziehung (*Frustration and Permission in Education*).

MICHAEL BÁLINT: Charakteranalyse und Neubeginn (*Character Analysis and a Fresh Start in Life*).

GERTRUD BEHN-ESCHENBURG: Über Beziehungen zwischen Psychoanalyse und Pädagogik (*On the Relation Between Psychoanalysis and Pedagogy*).

HANS BEHN-ESCHENBURG: Beiträge zur Vorgeschichte des Ödipuskomplexes (*Contributions to the Early History of the Oedipus Complex*).

SIEGFRIED BERNFELD: Die Krise der Psychologie und die Psychoanalyse (*Psychoanalysis and the Crisis in Psychology*).

FELIX BOEHM: Über zwei Typen von männlichen Homosexuellen (*On Two Types of Masculine Homosexuals*).

MARIE BONAPARTE: De la fonction érotique chez la femme (*The Erotic Function in Woman*).

MARY CHADWICK: Notes upon some Psychological Disturbances connected with the Menstrual Cycle in Women.

H. CHRISTOFFEL: Re-ligio als Kind-Mutterbeziehung (*Re-relgio as a Child-Mother Relation*).

HELENE DEUTSCH: Zur Psychologie der manisch-depressiven Zustände, insbesonders der chronischen Hypomanie (*On the Psychology of Manic Depressive States, especially of Chronic Hypomania*).

PAUL FEDERN: Die Ich-Besetzung bei der Fehlleistung (*Ego-Catexis in Parapraxes*).

SÁNDOR FERENCZI: Die Leidenschaften der Erwachsenen und deren Einfluss auf Sexual- und Charakterentwicklung der Kinder (*The Passions of Adults and their Effect upon the Sexual and Character Development of Children*).

ANNA FREUD: Die neurotischen Mechanismen unter dem Einfluss der Erziehung (*The Influence of Education on Neurotic Mechanisms*).

EDWARD GLOVER: The Relation of Neuroses and Perversions to the Development of Reality Sense.

JENÖ HÁRNIK: Die postnatale erste Entwicklungsstufe der Libido (*The Post-Natal First Stage of Libido Development*).

EDUARD HITSCHMANN: Über Serien gleichartiger Träume (*On Series of Similar Dreams*).

KAREN HORNEY: Zur Frage des femininen Masochismus (*The Problem of Feminine Masochism*).

LUDWIG JEKELS: Das Problem der doppelten (mehrfachen) Motivgestaltung (*The Problem of Double [Multiple] Thematic Presentation*).

ERNEST JONES: The Phallic Phase.

JEANNE LAMPL-DE GROOT: Über Triebschicksale in der Entwicklung der Frau (*The Fate of the Instincts in the Development of Woman*).

KARL LANDAUER: Die Entwicklung der Arbeitsfunktionen (*The Development of the Capacity for Work*).

RUTH MACK BRUNSWICK: Observations on Male Pre-œdipal Sexuality.

KARL A. MENNINGER: Some Psychoanalytic Formulations Concerning Suicide.

SOPHIE MORGENTHORN: Quelques aperçus sur l'expression du sentiment de culpabilité dans des rêves des enfants (*Some Observations on the Expression of the Sense of Guilt in the Dreams of Children*).

CHARLES ODIER: Note sur un cas de névrose grave sans complexe d'Œdipe (*Note on a Severe Case of Neurosis without an Oedipus Complex*).

OSKAR PFISTER: Die Rolle der Angst in der Religionsbildung (*The Rôle of Anxiety in the Development of Religion*).

SÁNDOR RADÓ: Die Motivgestaltung in der Depression (*The Content and Interplay of Emotions in Depressive States*).

THEODOR REIK: Neue Wege analytischer Technik (*New Ways in the Analytic Technique*).

G. RÓHEIM: Die Urreligion der Menschheit (*The Primal Religion of Mankind*).

R. DE SAUSSURE: Le miracle Grec (*The Greek Miracle*).

ERNST SCHNEIDER: Zur Psychoanalyse der Zuckungskrankheit [maladie de tics] (*The Psychoanalysis of Twitching*).

N. N. SEARL: The Psychology of the Scream.

ERNST SIMMEL: Prägenitalprimat und intestinale Stufe der Libido-organisation (*Pregenital Primacy and the Intestinal Stage of Libido Organization*).

E. SOKOLNICKA: Technische Konsequenzen einiger Todes- und Angstprobleme (*Technical Consequences of some Death and Anxiety Problems*).

MAXIM STEINER: Was hat der Sexualarzt der Psychoanalyse zu verdanken? (*What Does the Sexologist Owe to Psychoanalysis?*)

RICHARD STERBA: Das Schicksal des Ich im therapeutischen Verfahren (*The Fate of the Ego in the Therapeutic Procedure*).

EDOARDO WEISS: Körperschmerz und Seelenschmerz (*Physical and Psychic Pain*.)

SYBILLE YATES: Some Problems in the Inhibition of Sublimation.

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compiled by

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BERTRAM D. LEWIN

FRANKWOOD E. WILLIAMS

GREGORY ZILBOORG

in collaboration with

FRANZ ALEXANDER, M.D., (BERLIN) CHICAGO

MARIE BONAPARTE, PARIS

A. A. BRILL, M.D., NEW YORK

RUTH MACK BRUNSWICK, M.D., VIENNA

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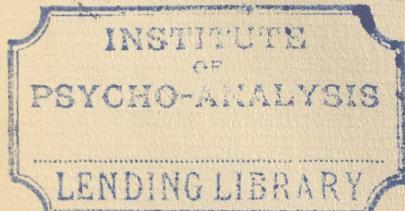
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